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MEDICAL CENTRES

a user-requirements study

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The intent of this study is to describe activity patterns and users' requirements in Medical Centres as an information primer especially for the assistance of the job-architect involved in the design of such Centres.

FOREWORD

Since its use is intended solely as an internal aid, where outside source material has been freely drawn upon and adapted to suit local need, specific mention has not necessarily been made, but credits for material and assistance are included generally in the appendices. The format is such that the manual can readily be kept up-to-date. It is important that feed-back information should be recorded periodically and the reference material herein validated as changes demand. It does not pretend to be an exhaustive study owing to time-limits set upon it, but rather a frame-work upon which to hang promotional desiderata.

Prepared by the Department of the County Architect in collaboration with the Department of the County Medical Officer for the County Council of Essex.

The study of the history of the United States is a study of the history of the world. The United States is a young nation, and its history is a history of growth and development. The study of the history of the United States is a study of the history of the world.

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(MEDICAL) CENTRE

Term used in this study to embrace standards of reference and performance applicable to either a Clinic or a Health Centre.

CLINIC

Premises provided and staffed by the local health authority for the essential services of maternity and child welfare and the practice of preventive medicine.

HEALTH CENTRE

Premises provided by the local health authority for the integrated services specified in Section 21, National Health Service Act 1946.

'An institution wherein are brought together various medical services preventive and curative so as to form one organisation' - Dawson Report 1920. A 'primary' Health Centre is foreseen as an outpost of elementary health services. A 'secondary' Health Centre as a complex catering for a more comprehensive range of medical services related to higher population density in urban areas.

The purpose of this study is to produce a manual of design requirements and a recommendation of standards to assist the architect. Performance of activities has been established with the Client Department and consent given to the desiderata presented. Insofar as future needs can be judged, these recommendations reflect the future policy of that Department and are tailored to considerations imposed by the Authority's S. E. A. C. commitment.

With the present Government's intent to make loan sanctions available to expand the Health Centre provision and the express wish that "... local health authorities will do all they can to further joint working of family doctors and local health authority nursing staff" - recommendations are directed towards this end.

Sect. 16 M. O. H.
circular 7/67

The tri-partite structure of the National Health Service by its nature fosters fragmentation of the various aspects of medical care and the Health Centre concept is seen as a 'bridge-building' exercise implying a good measure of integration between the Executive Council, the Local Health Authority, and the Regional Hospital Board. It pre-supposes the formation of a 'primary health team' combining the medical practitioners, the nursing services and the medico-social facilities to enhance the quality of medical and health care proffered to the community. At present this can only be accomplished by the good-will of all parties to co-operate. (The functional and administrative pattern of the National Health Service may soon change if the proposal to set up Area Health Authorities is accepted.) "Hospital authorities are not directly involved in the provision of health centres though they have a part to play in their planning so that doctors can have ready access to diagnostic and consultative services".

Sect. 5 M. O. H.
circular 7/67

With due regard to the capital cost of building, the costly training of staff and the expense of modern equipment, the fullest utilisation of means must be a pre-requisite of design policy. With shared use of facilities, shared and multi-purpose use of accommodation, premises must be designed in such a way that physical integration is inevitable and actual management of the medical centre determine more involvement on the part of its occupants.

Reference is made to the principal heads of the National Health Service Act 1946, with particular attention given to Part III (local health authority services) including a synopsis of statutory requirements under Section 21 dealing with health centres and the further guidance circular 7/67 issued by the Ministry of Health.

Activity studies relating to all the services envisaged in the medical centre have been prepared as a 4-part exercise -

- (i) an operational statement
- (ii) activity patterns as a flow diagram (where applicable)
- (iii) spatial requirements
- (iv) priority relationships in accommodation

These are supported by a section devoted to furniture and fixed equipment requirements.

A further section deals with Engineering Services and offers comparisons of performance.

The heads of the National Health Service Act 1946 provide for the various aspects of the Health Service as follows -

Heads of the
National Health
Service Act 1946

- Part I Central Administration
- II Hospital and Specialist Services
- III Local Health Authorities
- IV General Medical and Dental Services
Pharmaceutical Services and
Supplementary Ophthalmic Services
- V Special provisions as to Mental Health Services
- VI General

Part III dealing with the health services to be provided by local health authorities is sub-divided into the following sections of reference -

Part III

- Section 19. Local Health Authorities
- 20. Proposals for provision of services by local health authority
- 21. Health Centres
- 22. Care of mothers and young children
- 23. Midwifery
- 24. Health Visiting
- 25. Home Nursing
- 26. Vaccination and Immunisation
- 27. Ambulance Services
- 28. Prevention of illness, care and after-care
- 29. Domestic help

The current scope of the local health authority Clinic as a centre for the practice of preventive medicine and the promotion of family mental and physical health is defined in the Local Authority Building Notes Nos. 3 and 1 - Appendix F, but it is evident from Circular 7/67 (21.4.67) issued by the Ministry of Health for the guidance of local authorities that "the considerable upsurge of interest in the provision of health centres" places a new emphasis on the integration of services and facilities envisaged in Section 21 of the National Health Services Act.

- (1)

"It shall be the duty of every local health authority to provide, equip and maintain.....premises which shall be called "health centres" at which facilities shall be available for all or any of the following purposes: -

Section 21, Part III
National Health
Service Act

- (a) for the provision of general medical services... (Part IV)...
by medical practitioners;
- (b) for the provision of general dental services ... (Part IV)...
by dental practitioners;
- (c) for the provision of pharmaceutical services... (Part IV)...
by registered pharmacists;
- (d) for the provision or organisation of any of the services which
the local health authority are required or empowered to provide;
- (e) for the provision of the services of specialists or other services
provided for out-patients ... (Part II); or
- (f) for the exercise of the powers conferred on the local health
authority.... for the publication of information on questions

relating to health or disease, and for lectures and the display of pictures or films in which such questions are dealt with".

"There is a growing interest among family doctors and local authorities in providing effective medical care in the community in health centres, where the doctor enjoys the use of modern premises and daily contact with local authority staff and facilities.... If the best interests of the community demand closer integration of the local authority and family doctor services, the further provision of separate maternity and child welfare clinics, at least on the scale envisaged in local authorities' plans, may be undesirable. Local authorities are accordingly asked to review their present programmes for separate clinics and to consider, in consultation with the Executive Council and the Hospital Board concerned whether the provision which they had in mind could not in many areas more suitably form part of a health centre."

Maternity and
Child Welfare
Facilities
Sect. 7 M. O. H.
Circular 7/67

"... (The Minister) does not consider that the need for purpose-built clinics should normally arise where the population to be served is less than 7,000; and he would hesitate to approve any scheme to provide in areas of small population purpose-built premises which are not also intended to provide accommodation for general medical or general dental practitioners"

Sect. 8 M. O. H.
Circular 7/67

The Ministry of Health estimates that nearly 300 health centres will be provided by March 1976 according to the revised plans of local authorities for the development of health and welfare services over the next ten years, two-thirds of these are forecast within the next three years (compared with a total of only 32 new Health Centres provided to date since 1948).

"With new arrangements for direct payments to general medical practitioners practising at health centres in respect of expenditure on rent and rates and on ancillary staff. . . .
....the Minister is confident that these arrangements will encourage and assist Executive Councils and local health authorities to co-operate in implementing the present plans for expansion in health centre provision. "

Sect. 3 M.O.H.
Circular 7/67

Where the provision of a health centre as such cannot be warranted ('the circumstances justifying the provision of a health centre are local need for the facilities' Sect. 4 Circular 7/67) an option on practice accommodation to meet the needs of doctors and dentists may be made available other than under Section 21 (thus not constituting the establishment of a health centre ipso facto)". . . .by permitting the use of accommodation in a clinic when not in use by the local health authority. . . . "

Sect. 13 M.O.H.
Circular 7/67

In less densely populated areas this pattern of provision may well pertain but pre-supposes no less a standard of accommodation for the general practitioner than that considered desirable for Medical Group Practice Centres (see Design Guide for Medical Group Practice Centres - sponsored by the college of General Practitioners, published by the National Building Agency).

In promoting clinic services for small populations (under 7,000) the Ministry of Health will require the local authority to examine alternative methods of provision other than the building and running of clinic premises e.g.

- special transport from an existing clinic to serve outlying districts,
- consideration of a mobile clinic.

(Judging from Southwark's experimental plan for providing mobile clinics, the cost of a clinic including equipment is estimated at £10,000 - the scheme has yet to be approved by the Ministry of Health).

In consultation with the Chief Dental Officer it is anticipated that the operation of mobile dental units will become a reality for future school conservation work. These units will be self-sufficient apart from electric power and mains water, hook-up supplies to be provided at a suitable external situation on the school premises. Surgical work being referred back to the Medical Centre.

These provisos result from (1) the evident functional changes impending, and (2) notional control over design processes considered in the context of a proposed arrangement of accommodation basic to requirements envisaged in the Ministry of Health's circular 7/67.

Accepting the term 'Health Centre' applies to a medical complex catering for a comprehensive range of services relating to a higher pattern of urban density, then it must be considered 'unique' in its requirements since its functions will relate specifically to risks identifiable with the community it serves. Schedules of accommodation inevitably will vary but -

- (i) design standards can be set, given the knowledge of users' requirements, and
- (ii) priorities in relationships established, given the understanding of activity patterns.

Considering the proposals in the 1966 Review of the Capital Building Programmes for the development of local health services prepared by the Health Department, a survey of the 'centre-to-population' needs reveals a median catchment in the order of 12,000 persons for which it is considered that a generic plan representing basic medical provisions can be shown, being viable as long as the following functional provisos can be met -

- (a) the consultative services will be designed to standards none less than those promoted for Group Practice Centres (viz. N. B. A. publication) and are capable physically of ready

expansion to meet the anticipated integration of general practitioners and the needs of family doctoring in centralised premises. (Judging by the proposed numbers of health centres to be built, it may be estimated that 10% of the general medical practitioner force will become integrated eventually in centre work.)

It is suggested that this can be met with an initial provision of two consulting suites. A suite comprising (i) a consulting room with screened examination couch and (ii) an examination room adjacent, affording an efficient patient-flow for family doctoring which will represent the maximum demand upon the consulting services in the Centre. The suites may operate on a shared or exclusive-use basis depending on the specific demands. Associated with the consulting suites will be a medical treatments room. To allow for 'locking-on' of additional suites, planning must be 'open-minded' to permit not just additions but integrated expansion.

- (b) the curative needs that an integrated service implies - in contrast to the preventive nature of the L.A. clinic services - inevitably demands the re-thinking of premises at present designed only to meet clinic needs. The Centre will involve the presence of 'potentially-sick patients' together with 'well-patients' in one complex. Although the time-tabling of activities may overcome the problem of undesirable mixings, the changing characteristic of the patient-user with the increasing load demand however must influence both changes in the accommodation to be provided and the mode, sub-waiting areas related to areas with differing service identities, rather than incommodious centralised waiting, will help to segregate patients

and prevent unwanted groupings, with the operation of an appointments system and intelligent time-tabling of sessional activities the patient-demand on the building should be manageable. Allowance can then be made for the casual demands and the 'first-aid' nature of the minor-ailment Treatments Room, where medicaments are kept, sterilizing done and minor treatments given. The identity of the Clinic will change, the complex becoming recognised as a Centre offering comprehensive medical care to the community upon which it is based. No longer the fragmented services of the G. P., the Local Health Authority and possibly the District Hospital.

- (c) premises on the scale at present provided must be better used (as envisaged in the health centre concept) obviating the purpose-designed, expensively equipped room with only casual occupancy.

Shared and multi-purpose-use rooms are envisaged under two heads - specialist diagnostic and therapy and specialist treatments. These will cater largely for the consultant services organised by the local health authority where initial screening clinics are conducted and referrals made to remedial or treatment sessions. The argument being for a design standard to cater for the maximum specialist activity-demand upon the room, over-providing for any lesser purpose but allowing for a multiplicity of uses - e.g. (i) the Specialist Diagnostic & Therapy Room would serve for audiometry/audiology, speech therapy, sight-testing, opthalmic services and any future kindred function, (ii) the Specialist Treatments Room would serve for immunisations and vaccinations, chiropody sessions and auxiliary medical treatments.

- (d) the centralising of record keeping, storage and administration each capable of future extension. These areas being immediately affected by any expansion in the scale of consultative provision.

This pre-supposes the operation of an appointments system and staffing by receptionist/clerks largely responsible for the administrative management and smooth day-to-day working of the Centre. It also assumes willingness on the part of the various operatives to release their particular records to a central holding. With the shared use of rooms proposed, central control must be a pre-requisite of the administrative function. Whereas extreme reluctance may be registered at the idea of combined record-keeping - those belonging to the general practitioners, the local health authority, the Family Planning Advisory Service, the medico-social workers and possibly the local hospital - at least a central location of records separately filed meets the functional need. (The standardisation of medical files and forms is an urgent necessity - a recent survey in a G. P.'s surgery revealed 37 different sizes of paper handled in the ordinary management of his practice). For patient records in a health centre the adoption of a family filing system would be valuable and in accord with the spirit of the medico-social services envisaged.

- (e) anticipation be made of the acceptance by the Dental Council of the Dental Auxiliary working in concert with the Dental Surgeon, necessitating a change in dental operation and surgery provisions.

The basic minimum provision proposed is a dual-surgery suite sharing a recovery room facility and usual laboratory/darkroom services. The auxiliary surgery being equipped similarly to the principal surgery but without X-ray apparatus and juxtaposed to

the main surgery with the Auxiliary working under the personal direction of the Dental Surgeon. The direct relationship of the two surgeries will be a self-evident (if not statutory) requirement. By virtue of the self-contained nature of the Dental unit it is proposed that it should remain a self-sufficient and separate unit within the Centre complex, conducting its own reception and record-keeping. Like the medical practitioner consulting premises it must also be 'open-ended' and capable of expansion to allow the general dental practitioner the opportunity of integration.

For a suggested assembly of basic health service accommodation in a Medical Centre designed to serve a population of 12,000 with due regard to the foregoing recommendations, see end-paper attached.

Local Health Authority Services in Rural Areas

With the obvious official reluctance to approve for Loan Sanction purpose-built premises serving a population of less than 7,000, and viewing the long-term needs outlined in the development programme for rural areas of scattered population, the case for Mini-Centres presents itself. A plan akin to that produced by the West Riding of Yorkshire or Devonshire would suffice - offering a consulting suite, a Health Visitor's room, a small Treatments Area and ancillary accommodation - for which local appropriation could be made, readily being designed to a standard pattern for repetitive application.

See Mini-Centre plan of accommodation - end-paper attached.

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These clinics are concerned with the health of infants and children from ten days old to five years of age, and are attended by L. H. A. Doctors and Health visitors. Because of the difficulty in scheduling, the clinics may not run on an appointments system, and casual attendance with peak periods of use ensues.

The sessions cater for (a) well-baby, (b) child welfare (up to five years of age), (c) school welfare.

(a) Well-baby clinic

Health visitor in attendance; mothers consult in regard to general health of infant.

Health Visitor's examinations and tests

- (i) nappy tests for phenyleketonuria
- (ii) weighing
- (iii) general discussions with Health Visitor and/or Doctor re feeding, weaning, etc.
- (iv) Vaccination and Immunisation (see Activity 2)
- (v) Welfare Foods (see Activity 15)

(b) Child Welfare up to five years of age (Toddlers)

- (i) General discussion re feeding, behaviour problems etc. with Health Visitor (see Activity 7)
- (ii) General consultation with L. H. A. Doctor.
- (iii) Weighing.
- (iv) Dental Inspection (see Activity 8)
- (v) Speech Therapy (see Activity 12)
- (vi) Orthoptic treatment (see Activity 17)

- (vii) Vaccination and Immunisation (see Activity 2)
- (viii) Welfare Foods (see Activity 15)

(c) School Child Welfare

- (i) General consultation with L.H.A. Doctor re general health, behaviour problems and retarded academic standards. These sessions are carried on in the schools by the visiting Medical Officer.
- (ii) Weighing.
- (iii) Dental Inspection (see Activity 8)
- (iv) Speech Therapy and Audiometry (see Activities 12 & 13)
- (v) Orthoptic Treatment (see Activity 17)
- (vi) Vaccination and Immunisation (see Activity 2)

Additional Notes

Regular Medical Inspection - at least once a year.

Free Medical and Dental treatment together with suitable after-care.

Visiting of those children requiring treatment with a view to advising parents.

Teaching of hygiene.

In all instances parents of children to be examined are informed of the date and time of inspection and are invited to attend.

Pattern of Activities for Well-baby clinic (a)

The mother arrives with infant in pram probably accompanied by one or more toddlers. The pram is placed under cover and the mother requires to walk under cover to the lobby and enter the Centre. She goes to reception and shows her record card and then proceeds to the waiting area (note - it is desirable that a toddlers' play area should be associated with the waiting area). Mother and baby then proceed to the

sub-waiting area to see the Health Visitor, leaving toddlers in the play area. The baby is undressed and may be weighed, is examined by the Health Visitor who notes the baby's name and weight on card and takes a nappy test (two test sessions only). The card is given to the mother to keep and to bring on successive sessions. Arrangements may be made for home visiting. The mother and baby then leave the interview room. The baby is then dressed and mother and baby go back to the main waiting area to collect the toddlers from the play area. The mother may then go to the Welfare Food sales kiosk to purchase Welfare Foods and nutrients. (In the latter case these are only sold on clinic sessions). Mother, infant and toddlers then leave the Centre, collecting the pram from the shelter on their way.

Spatial Requirements

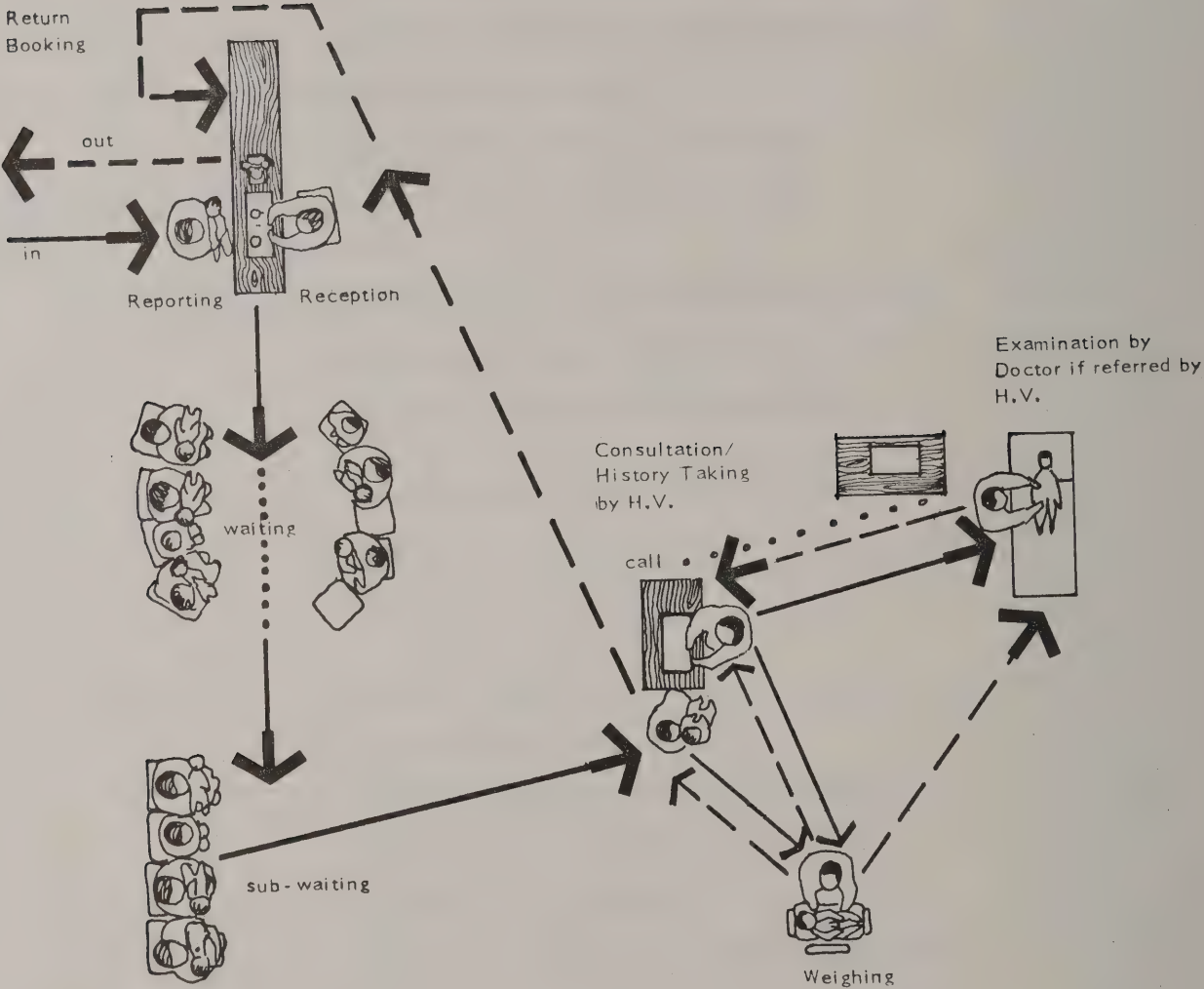
Child welfare - Well-baby clinic

- (a) Pram Shelter - adequate cover - calculate for maximum provision related to the catchment area (approx. 1 pram per 100 population).
- (b) Covered Way - a necessary provision after parking pram - mother must be able to enter building under cover.
- (c) Lobby - must be large enough to allow ease of access and exit simultaneously.
Door springs should be set correctly to permit ease of opening and slow return of door or to be checked.
Sessional Activity Notice Boards required in lobby.

- (d) Reception - should be near lobby - mother should not need to penetrate far into Centre before seeing receptionist.
- (e) Office - should be planned in association with reception and record-card storage.
- (f) Waiting spaces - When the Centre is being used for an advisory session, a large waiting space may be required, then the Health Education Area can be used for this purpose.
A Toddler's Play Area should be provided adjacent to this area allowing supervision from this space and the sub-waiting area.

The sub-waiting area should be large enough to provide seating for 6 persons per consultation room.

Fig. 1



Pattern of Activities

Toddlers clinic (b) - (up to 15 children per session)

Mothers may receive follow-up appointment from previous well-baby clinic attendance through the observation register, she accompanies toddler to Centre, parks push-chair, reports to reception and proceeds to sub-waiting to see the Health Visitor, who after consultation may refer the child to the L. A. doctor for further consultation and examination.

Reference may then be made to immediate treatment or future specialist sessions.

Mother may engage in group discussion regarding behavioural problems before returning with child to reception to make further appointment before leaving.

Spatial Requirements

Reception / Office

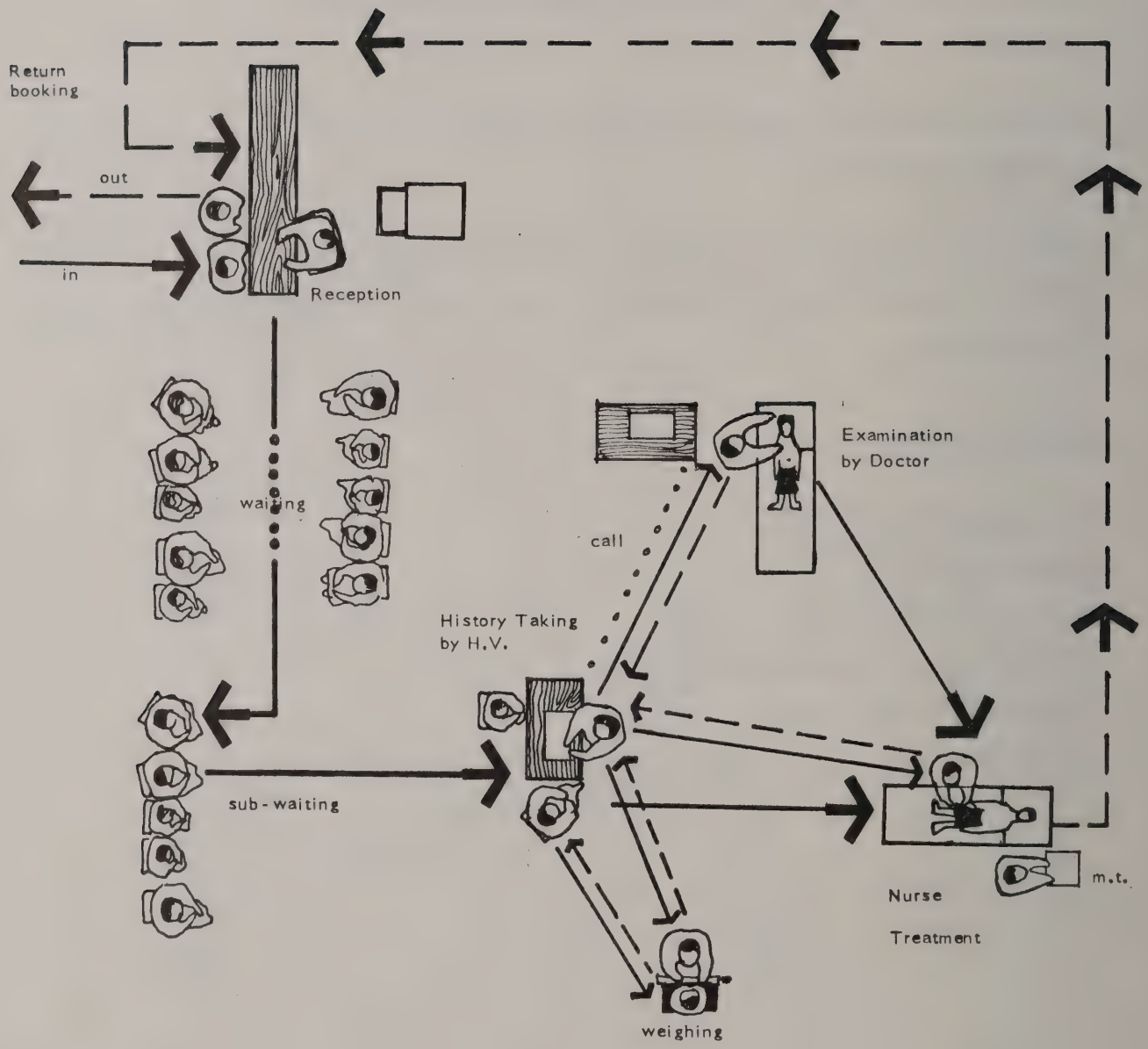
Sub-waiting

H. V. 's Interview Room

L. H. A. Doctor's Consulting Suite
(Medical Treatment Room)

Health Education Area - with Toddlers' Play Area adjacent.

Fig. 2



Protection against smallpox, diphtheria, whooping cough and tetanus is a service available for children and is provided at Local Health Authority Clinics but where possible by arrangement in Essex between the County Council and the family doctors. Vaccination against poliomyelitis is available for everyone over 6 months - persons over 40 years must seek the advice of a general practitioner.

Pattern of Activities

Patient comes to the Centre by appointment, enters and goes to reception with appointment card, is directed to sub-waiting area to await Health Visitor/Nursing Auxiliary. L.H.A. Doctor is present with Nurse in attendance. Patient's record card is examined and patient prepared for injection. Vaccination or immunisation given and patient returns to reception for notification of further appointment which may be necessary in a course of injections. Record card returned and patient leaves Centre.

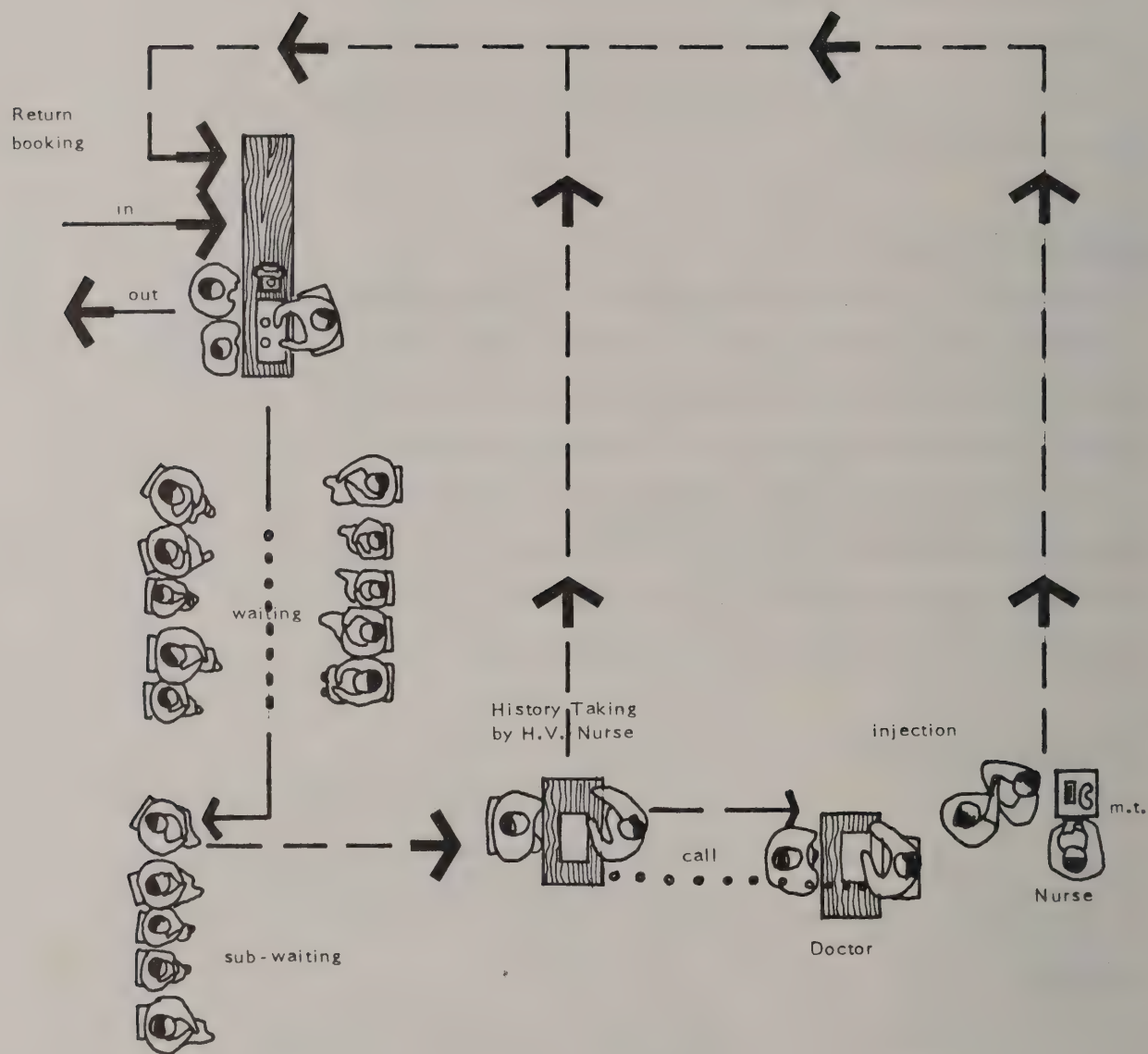
Spatial Requirements

Sub-waiting space - an area en suite with consulting rooms.
(when mass vaccinations are held, the Health Education Area may be used)

Consulting Rooms

Medical Treatment Room - should be close to consulting rooms.

Fig. 3



ANTE-NATAL/POST-NATAL CLINICS

This service is referred mainly to General Practitioners, but in some areas is a listed Local Health Authority provision.

Ante-Natal care

Generally a pregnancy is confirmed in the 8th-14th week and from that time to delivery the expectant mother is advised to have regular medical checks to ensure that she is in good health throughout that period. The patient is advised to come to the clinic, on entering goes to reception where her particulars are recorded. She proceeds to the sub-waiting area and waits for the doctor's call.

Where a patient is attending regularly she will bring her record-card to the receptionist who will take it to the L. H. A. doctor. The midwife usually attends and conducts the preliminaries. On entering the consulting room the patient is asked for her urine sample. (If this has not already been taken she will be asked to go to the adjoining lavatory and pass a sample for testing.) The doctor discusses her general health and then asks the patient to go either to the screened area or to the examination room to undress and whilst she is undressing, the urine sample is tested. The patient, undressed, is then weighed, examined, and her blood pressure taken. A blood sample will be taken for testing. The patient dresses whilst the doctor fills in the record-card and writes out a prescription.

The patient leaves the consulting room, goes to reception where the next appointment is made.

- Remarks: - (i) A physical examination will always be required upon attendance during the months of pregnancy.
- (ii) The doctor may also require an assistant - a nurse - to prepare the patient for more extensive examination.
- (iii) In the sixth month any complication in the presentation of the foetus leading to difficulties in delivery may become apparent and the doctor may require X-ray examination to confirm his prognosis. In larger Health Centres this facility may exist but in most cases the patient is referred to the Local Hospital.
- The doctor will then give an introductory letter to the Radiologist. If difficulties are confirmed, arrangements can be made well in advance, the doctor advised, and intensive care through the Centre can be initiated, the number of visits increased with more detailed examination and closer study prior to delivery.
- (iv) If a home confinement is expected, the expectant mother will probably make prior arrangements with the midwife to attend her. Nursing packs for home confinements may be obtained from nursing stock kept at the Centre.

Whilst ante-natal visits continue the expectant mother will be advised to visit

- (a) Relaxation classes (see Activity 6)
- (b) The Dentist (see Activity 8)
- (c) The Health Education classes (see Activity 16)

Post-Natal care

After delivery of the child at a local hospital or a home confinement followed by several weeks of home visiting by the Health Visitor, the mother, who will also have been visited by her own G. P., will be advised to go to the Centre for post-natal examination (see Cervical Cytology Activity 10).

She will also be advised of -

- (i) Women's Welfare clinic (see Activity 4)
- (ii) Mothercraft (see Activity 5)
- (iii) Dental Service (see Activity 8)
- (iv) Chiropody (see Activity 11)
- (v) Welfare Foods and Nutrients (see Activity 15)
- (vi) Health Education (see Activity 16)

Spatial Requirements

Lobby

Reception

Waiting

Sub-waiting

Consulting Room

Examination Room

Consulting Room - This is a history taking room primarily, with a screened area containing an examination couch. It requires a desk, 3 chairs, bookcase, medical trolley space, wash hand basin and surgical instrument storage space.

Examination Room - This room contains an examination couch,
a chair, wash hand basin, (space for) medical
trolley.

It should be en suite with the Consulting Room
and form part of the treatment area.

Treatment Area - a suite of rooms formed by the consulting rooms,
examination room/s, medical treatment room
and sub-waiting area.

Fig. 5

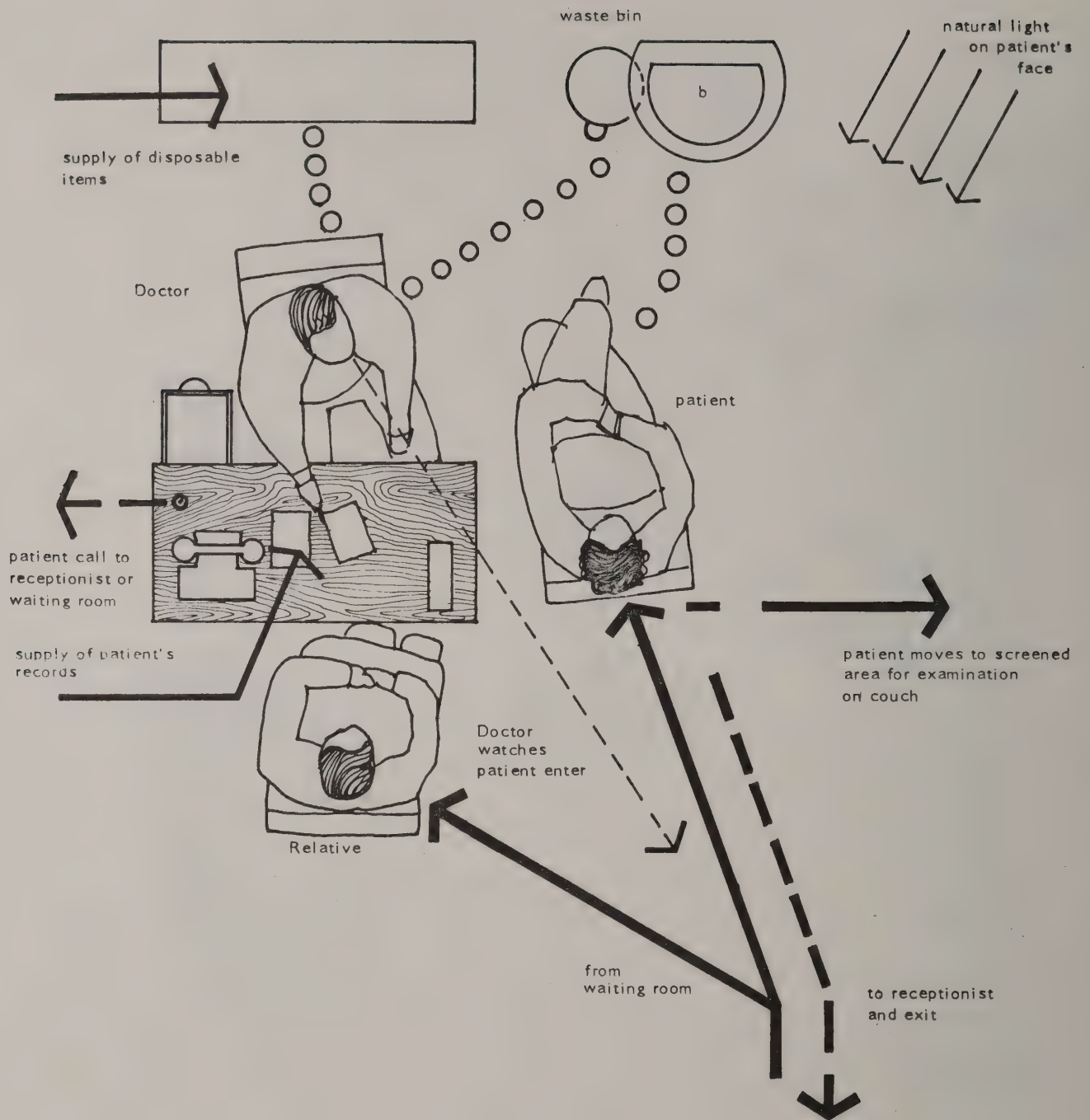
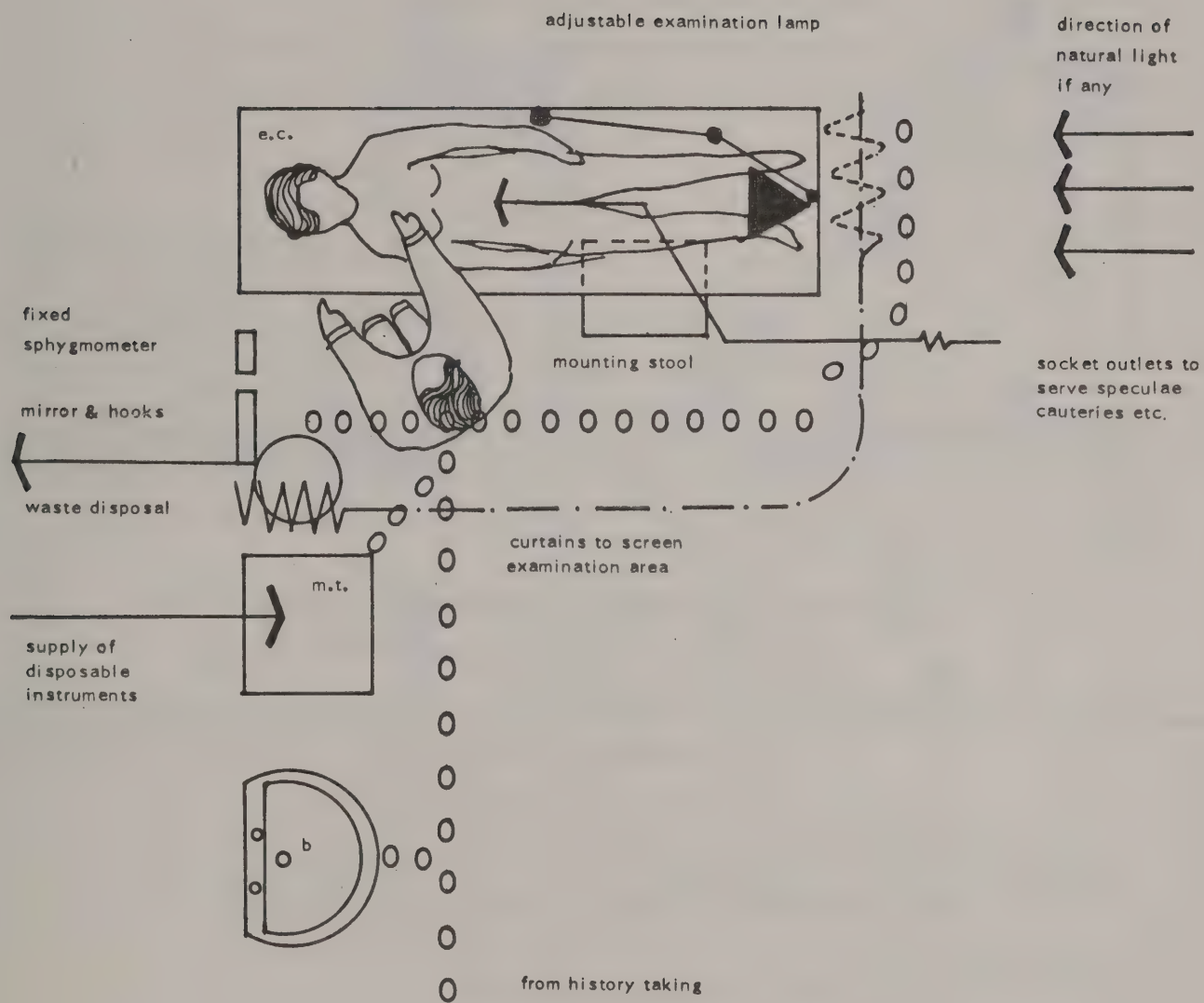
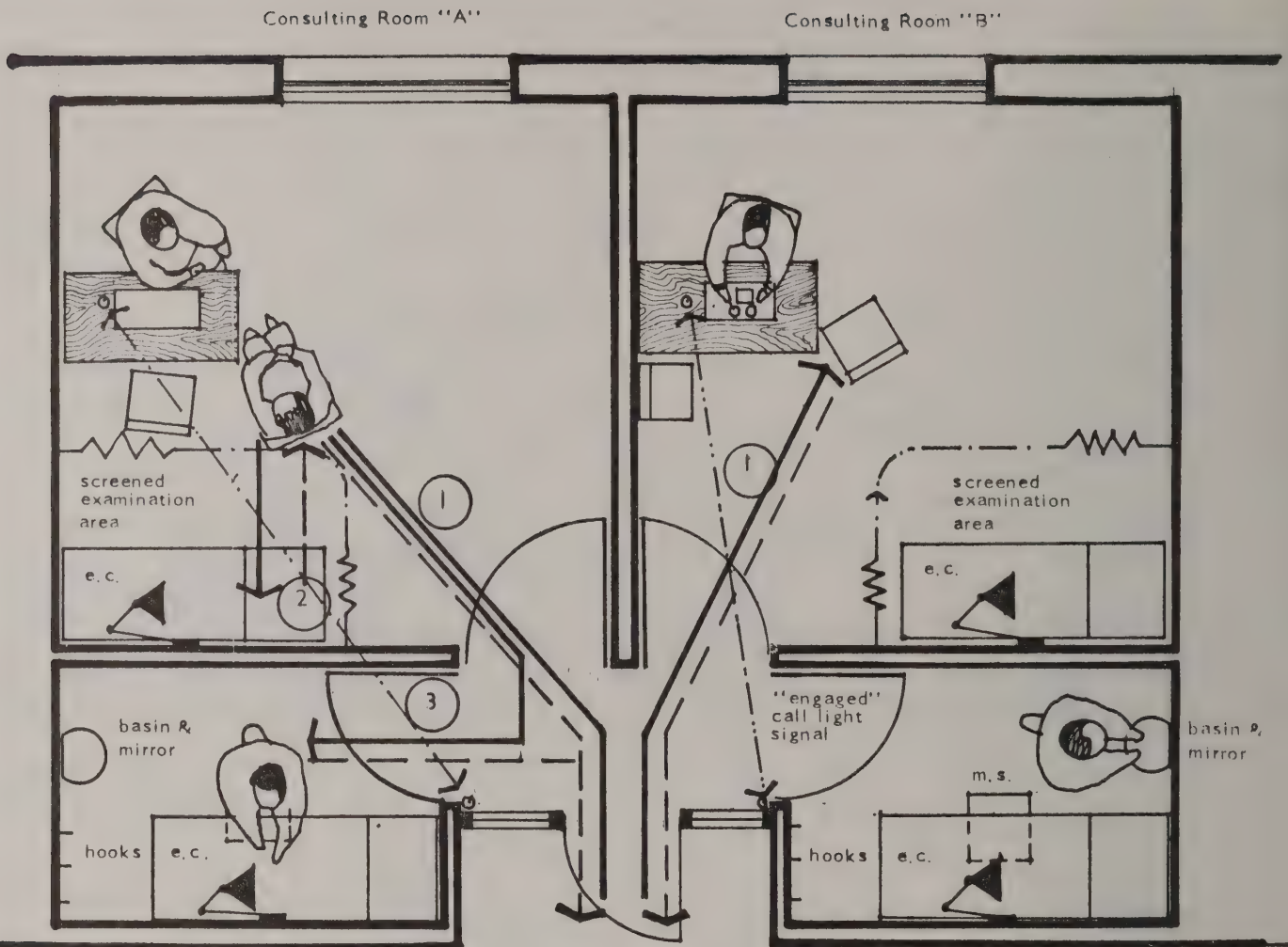


Fig. 6





1. Pattern of consultation only
2. Pattern of consultation & referral to screened examination
3. Pattern of consultation & referral to examination room.

Examination Room used by patient requiring time or complete privacy for undressing.

Family doctoring activities

use of consulting suites - Doctor/Patient consultation/examination

This clinic is staffed by an L. H. A. Doctor and a Health Visitor/Clinic Nurse and offers family planning advice where considered advisable for medical reasons (not to be confused with the Family Planning Advisory Service, although it is believed to be the Government's intention to include this as a Local Health Authority service in the near future). This session may also include Cervical Cytology (see Activity 10). The session usually consists of a small number of consultations, approximately eight, and these are conducted on an appointment basis. The patient is examined, and contraception may be advised.

Pattern of Activities

Patient is received by Centre Clerk or Nurse and directed to sub-waiting area. She is summoned to Consulting Room where her history is taken by L. H. A. Doctor. Patient goes to screened area, undresses and mounts the couch (a mounting stool necessary). The Examination Room may be used as an undressing room.

Doctor makes examination with Nursing Auxiliary/Nurse in attendance (the trolley is prepared previously by the nurse in the Medical Treatment Room). Doctor makes cervical examination and takes specimen scrape, this is sent to the District Hospital Pathological Laboratory for report back to Centre. Doctor completes examination, patient dresses, talks with the Doctor and leaves the Consulting Room. She then reports to Reception for next appointment and leaves the Centre.

Spatial Requirements

Lobby

Reception

Sub-waiting area to Treatment and Consultation area

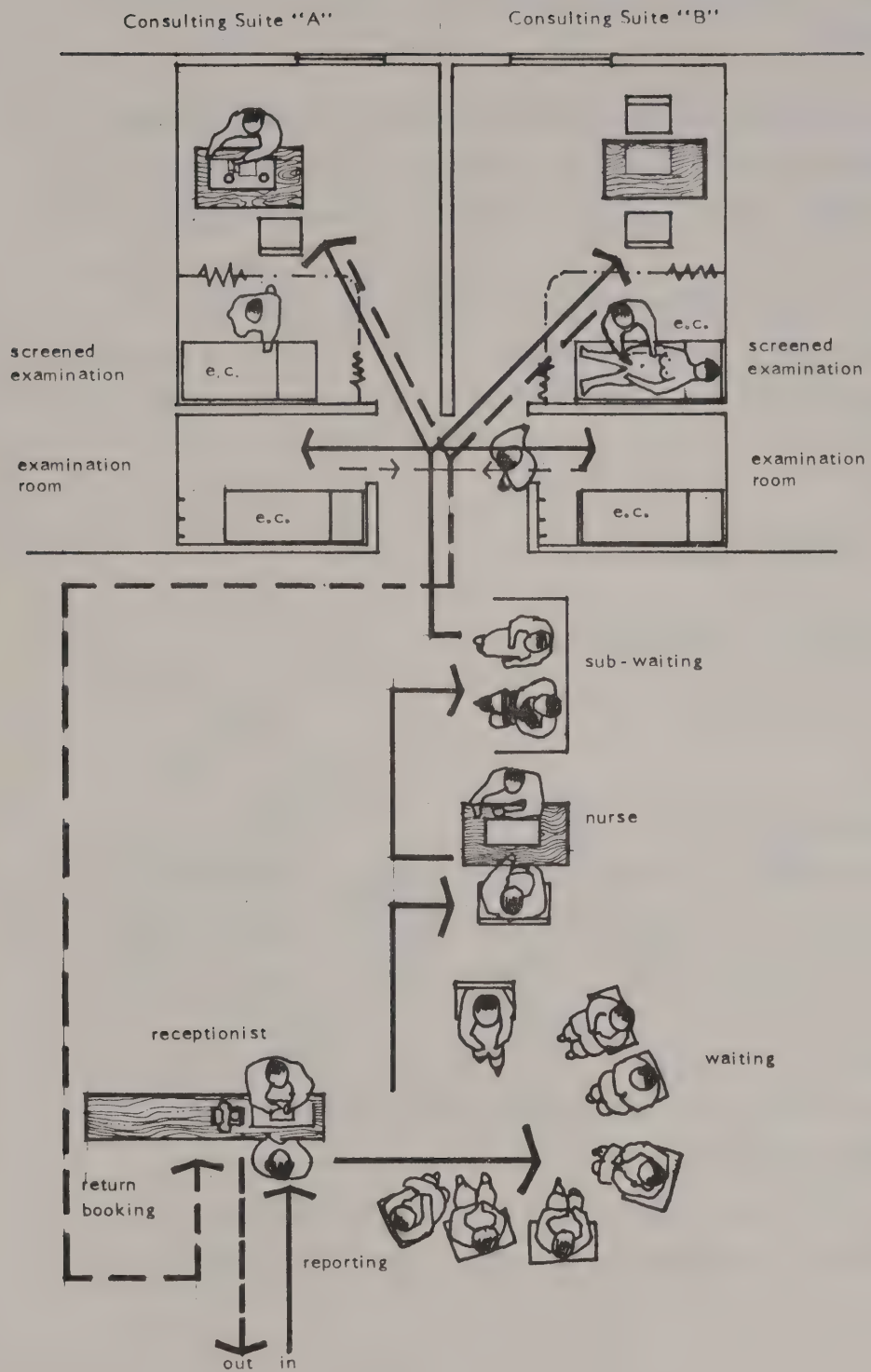
Consultating Room

Examination Room

Note: - Patients' Lavatories should be provided close to Medical Treatment Room for urine specimen taking.

(Reference also to the following Activities - Cervical Cytology - 10, Health Education - 16, Family Planning Advisory Service - 19).

Fig. 8



This session is conducted by the Health Visitor and is treated as a social occasion.

The session consists of talks on bathing the baby, changing nappies, infant minor ailments, cooking etc. and the group is composed normally of 12 expectant mothers seated informally in the Health Education Area.

Participation in the demonstrations and mutual discussions are the basis of this clinic. Tea and coffee is served. This activity frequently is incorporated with Relaxation (Activity 6) and Ante-Natal Classes (Activity 3).

Spatial Requirements

Lobby

Health Education Area and Store

Tea-Bar

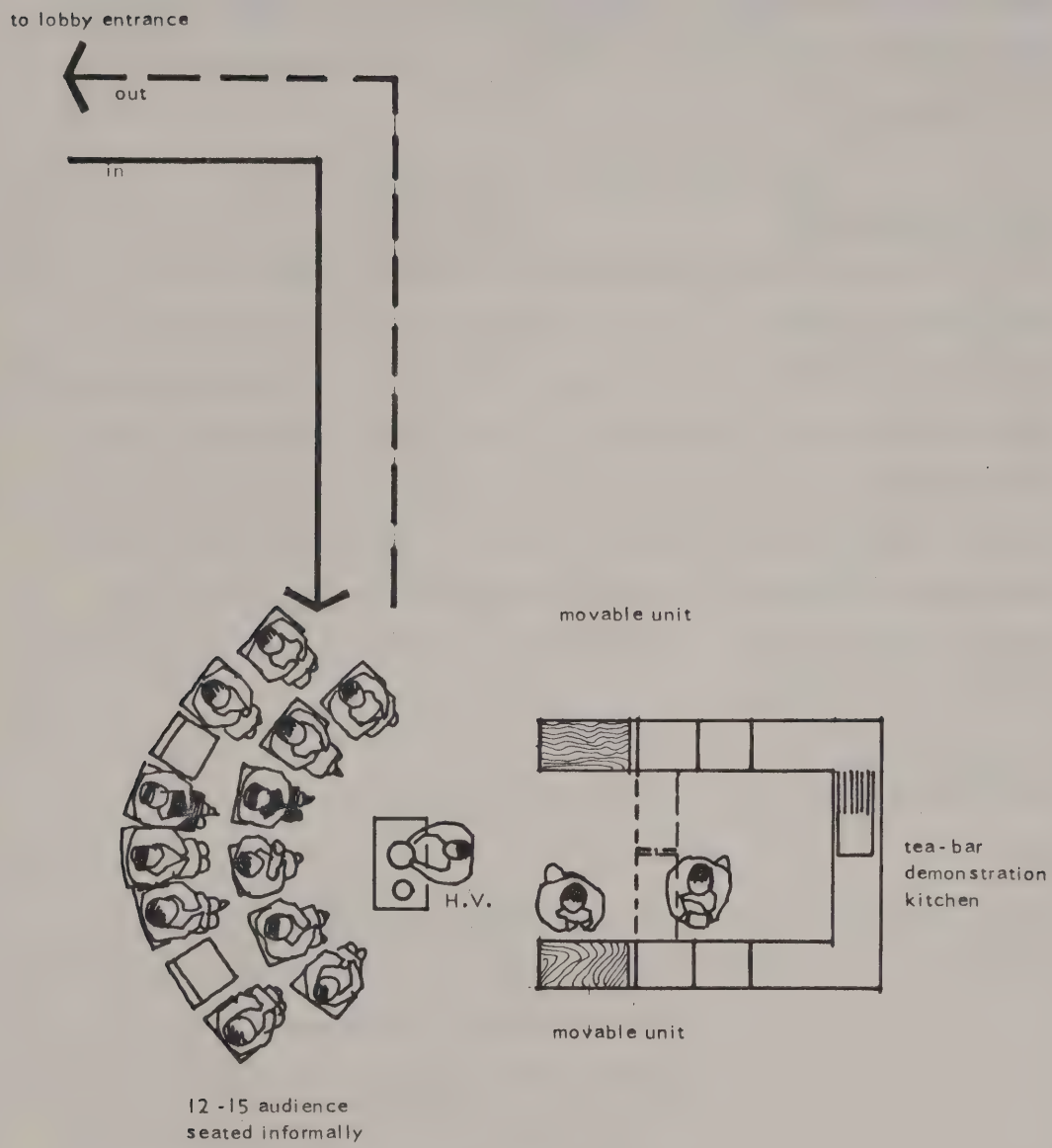
Lavatory

Health Education Area

For this session the area should be large enough to accommodate 12 expectant mothers seated informally with adequate circulation space and demonstration space.

The Tea-Bar

This should be designed to provide only light refreshment, with tea/coffee making, storage and washing facilities. A refrigerator is desirable. Provision might be made to allow the kitchenette to be opened out to the Health Education Room to permit ready demonstration.



Pregnant women are advised of this facility in the 18th week of their pregnancy. A course of six fortnightly exercise periods at which the expectant mother is taught relaxation postures and breathing exercises, supplemented in the last few periods by mothercraft, are usually held in the afternoon.

Pattern of Activities

Expectant mothers enter the lobby and proceed immediately to the Health Education Area after being welcomed by the Health Visitor or Midwife who is conducting the session. The expectant mothers go through a series of exercises in which they may lie prone on the floor or take part in psychoprophylaxis. Blankets and pillows are provided by the L.H.A., but patients are asked to bring their own pillow-cases. The session usually lasts for $1\frac{1}{2}$ hours and refreshments are served mid-period lasting 15 minutes. A Health Education film may be shown during the course of the session.

Spatial Requirements

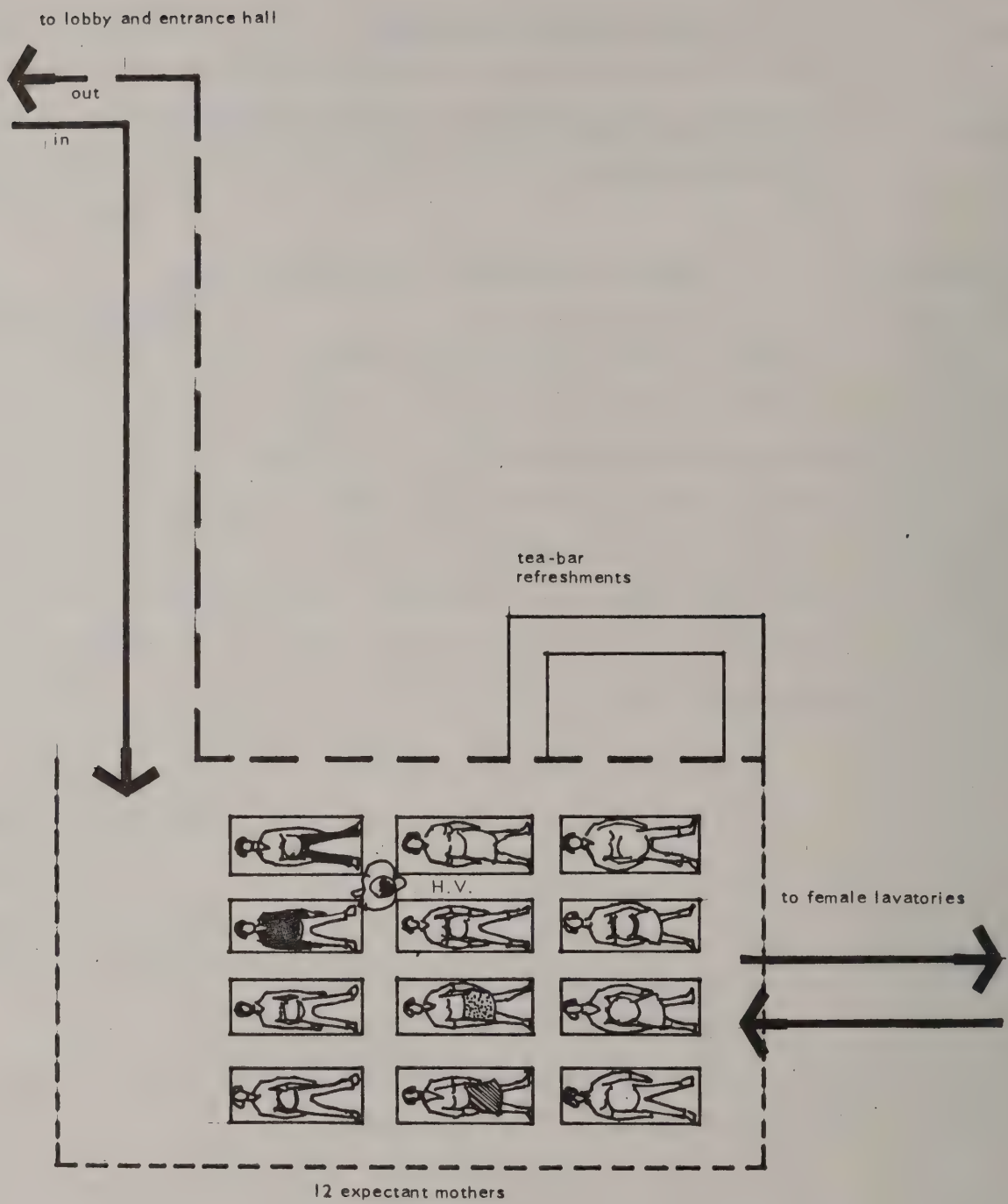
Lobby

Health Education Area (screened off for privacy)	- for this activity the need is for a large well heated and well ventilated room free from draughts - (women exercising on floor). The room should have warm contact surfaces and the floor a soft texture. The normal attendance is a maximum of 12 pregnant women and there should be sufficient space between the prone patients for the Health Visitor or Midwife to pass freely among them giving advice on
---	--

exercising. With psychoprophylaxis there is a need for large uninterrupted wall areas.

- | | | |
|---------------------------|---|---|
| Tea-Bar | - | required for tea and coffee. |
| Lavatories | - | there should be ready access to lavatory facilities. |
| Hanging space for clothes | - | Allow for changing from skirts into slacks; privacy is important. |

Fig. 10



CHILD DEVELOPMENT

This is a diagnostic and therapeutic session concerned with the study of behaviour patterns in difficult children. The children are studied in play where free expression will highlight their particular problems. The play includes sand, clay, water, paint and toys. The children are aged from 3 - 5 years. Usually only 2 - 4 sessions per week are held. For the purpose of remedial psychiatric work no distraction by external noises is of prime importance - any distraction will ruin the whole session where emphasis is on gaining the confidence of the child by the Nurse.

Pattern of Activities

The mother brings the child to the Centre by appointment, enters the lobby and goes to Reception where the visit is recorded, then is shown to the Health Visitor's office. After a general discussion with the Health Visitor the child, accompanied by the mother and the Health Visitor, goes to see the Nurse who conducts the training often together with a number of children in an area preferably annexed to the Health Education Area. (The mother may leave the child in the care of the Nurse and go back to collect her child when the session is complete but for some children with particular difficulties the mother may stay for the duration of the session).

Spatial Requirements

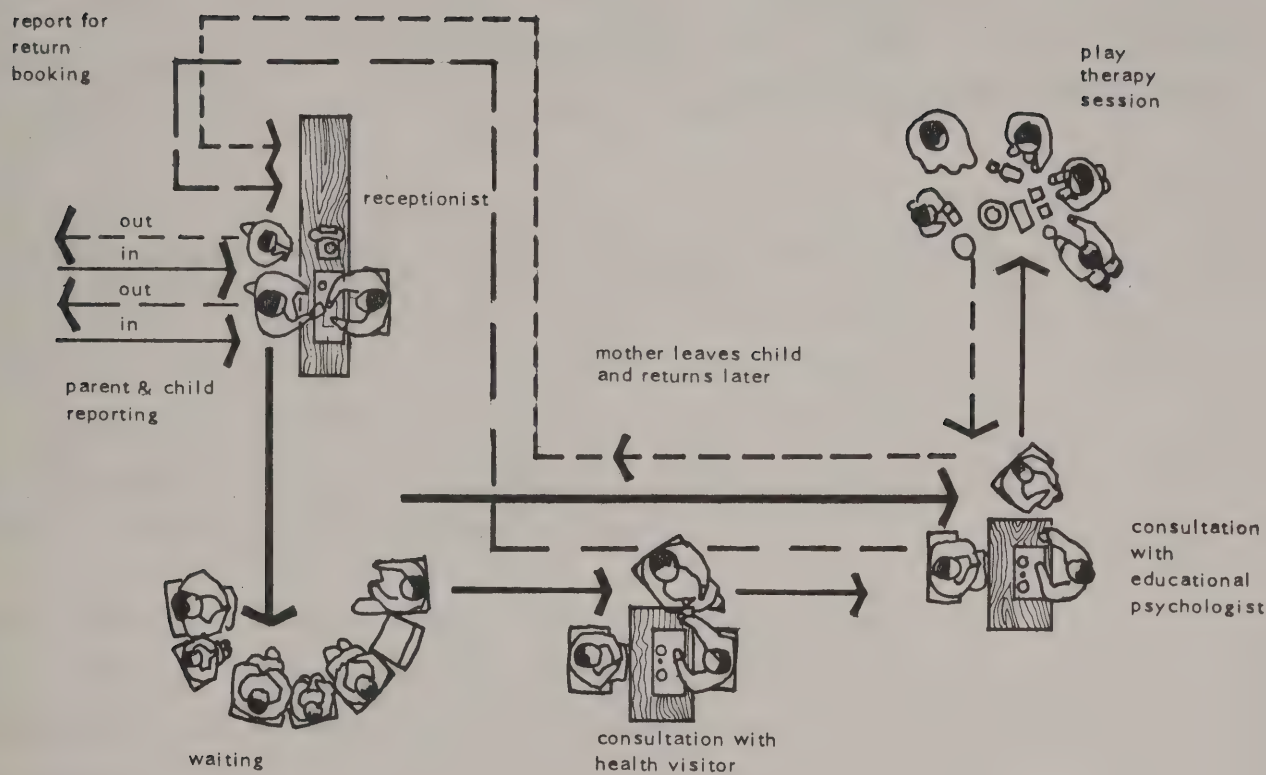
Lobby

Health Visitor's Consulting Room

Play Area

- Because children are playing with water and sand and other dirty

materials there will be a need
for durable floor finishes, easily
cleanable. (Note - This area may
also serve as a toddlers' play area
for other sessional activities).



PLAY THERAPY

Open session of play activities for toddlers 3 - 5 years suffering from behaviour disorders, providing the chance for freedom of expression in the play opportunities listed under Child Development. Activities supervised by a Nursery Nurse.

Spatial Requirements - for play as listed before with the option to extend activities to the outside with sand-pit, water-hole etc. under the shelter of a light roof surrounded by hard-paving and having access to grassy play-space.

The Dental Suite will consist of one or more dental surgeries with ancillary rooms i.e. dental laboratory, dark room, orthodontic store, recovery room and waiting room. With the advent of dental auxiliary workers who work under the supervision of a registered dentist, two dental surgeries will often be called for and in these cases the recovery room needs to be sited between the surgeries. Evening sessions may be available for pupils who are studying for special examinations and also for attention to long treatment cases. The laboratory for the L.H.A. Unit need only be small, approximately 50 sq. ft.

With regard to Health Centre provision for the general practitioner dentists, the scale of the requirements will be related to the locality it will serve but the surgery suite will be similar generally to the L.H.A. Suite except the laboratory may be much bigger if the dentist employs his own technicians. In this case the laboratory will be subject to the requirements of the Factories Act.

Dental records are kept in the Dental Unit and not centrally in the Centre's office. An office/reception area is therefore desirable for administrative work. A writing desk for the dentist in the surgery is also required.

Pattern of Activities

Consultations are usually by appointment and the patient enters a separate lobby from the Centre to the dental waiting room and is met by the dental receptionist/dental surgery assistant. The patient then waits until the dentist is ready, enters the surgery, is examined and treated by the dental surgeon and after surgery goes if necessary to

the recovery room to use one of the three rinsing bowls. (This number of rinsing bowls in the recovery room helps to ensure that during general anaesthetic sessions patients are not dismissed too quickly; the bowls should be of varying heights from floor level to suit different age groups of patients). Perhaps a patient may require to lie down on a couch for a period before leaving the Centre. After recovering, the patient leaves by a separate exit without having to pass through the dental waiting area or room.

Spatial Requirements

Lobby

Waiting Area or Room - (separate from the main waiting area).

Reception/Office - for administrative work (this may be just a small cubicle apart from the waiting area with a work top and storage cupboard and space to store record cards).

Dental Surgery - See diagram for recommended layout. A north light is preferable. Attention should be given to the provision if possible of an extractor fan in the vicinity of the steriliser. The dentist requires free access to the laboratory dark room and store without passing through a waiting room. A telephone extension from the reception space and an internal link is desirable.

Exit Lobby - A door to the corridor is necessary so that a mother can meet her child after treatment without either of them having to go back through the surgery.

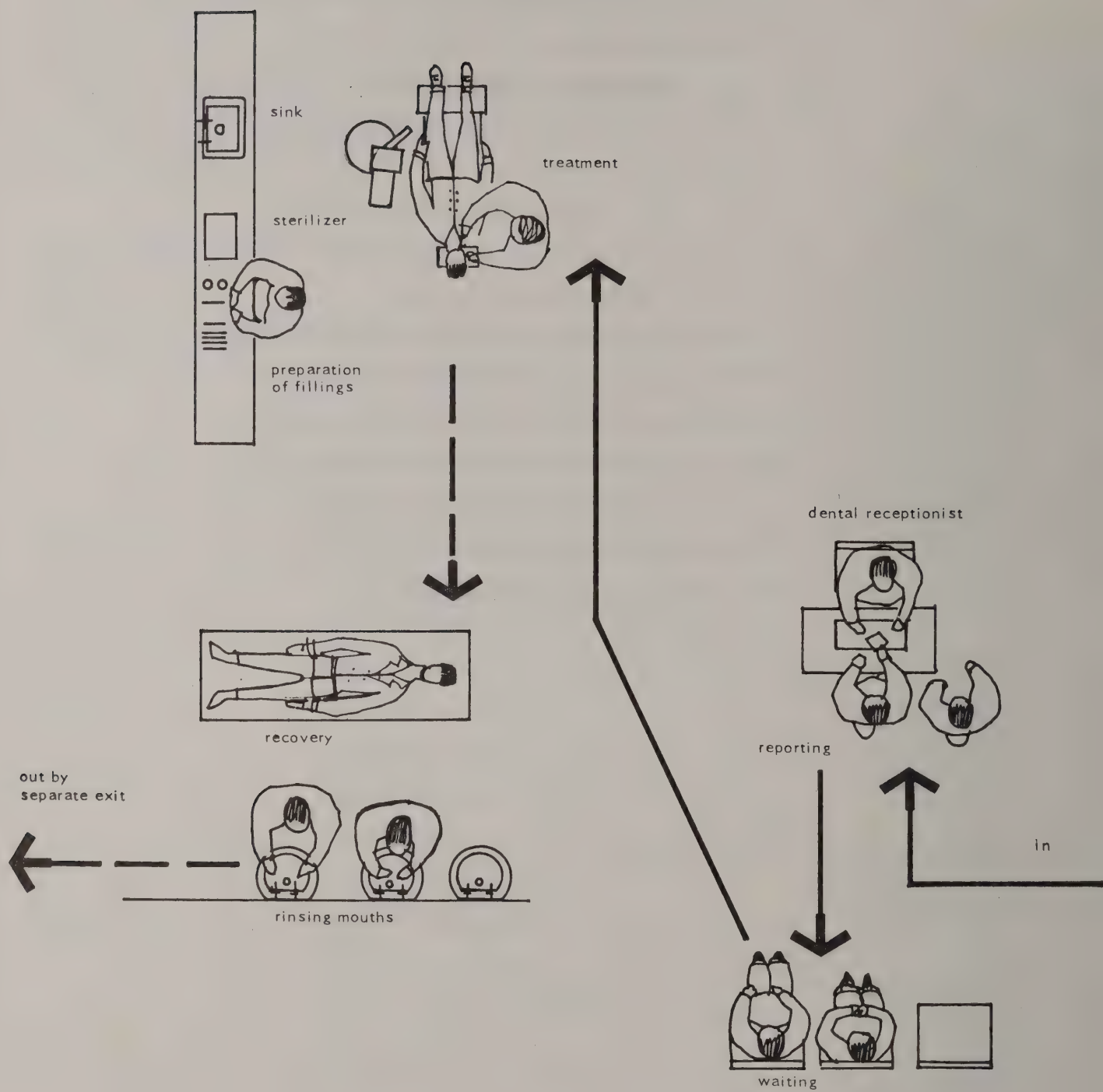
Dental Laboratory and
Dark Room

- A small workshop with sink is required for the use of a dental officer and his assistant for processing X-ray photographs and doing minor dental mechanics.

Adequate ventilation, blackout window, two sinks, worktops, racks and drying rails required.

Local Authorities may provide premises for sale or lease to dentists under Section 93 of the Housing Act 1957.

The Local Health Authority provides dental care for expectant and nursing mothers and for children who have not reached the age of five years and are not in attendance at a maintained school. This work is done as an obligation under the National Health Service Act 1946, Section 22.



This treatment will be conducted by a doctor or a nurse and its position in the Local Health Services will become accentuated with the provision of Health Centres. When this does occur it will serve as a minor casualty room similar to out-patient casualty department in a District Hospital.

Pattern of Activities

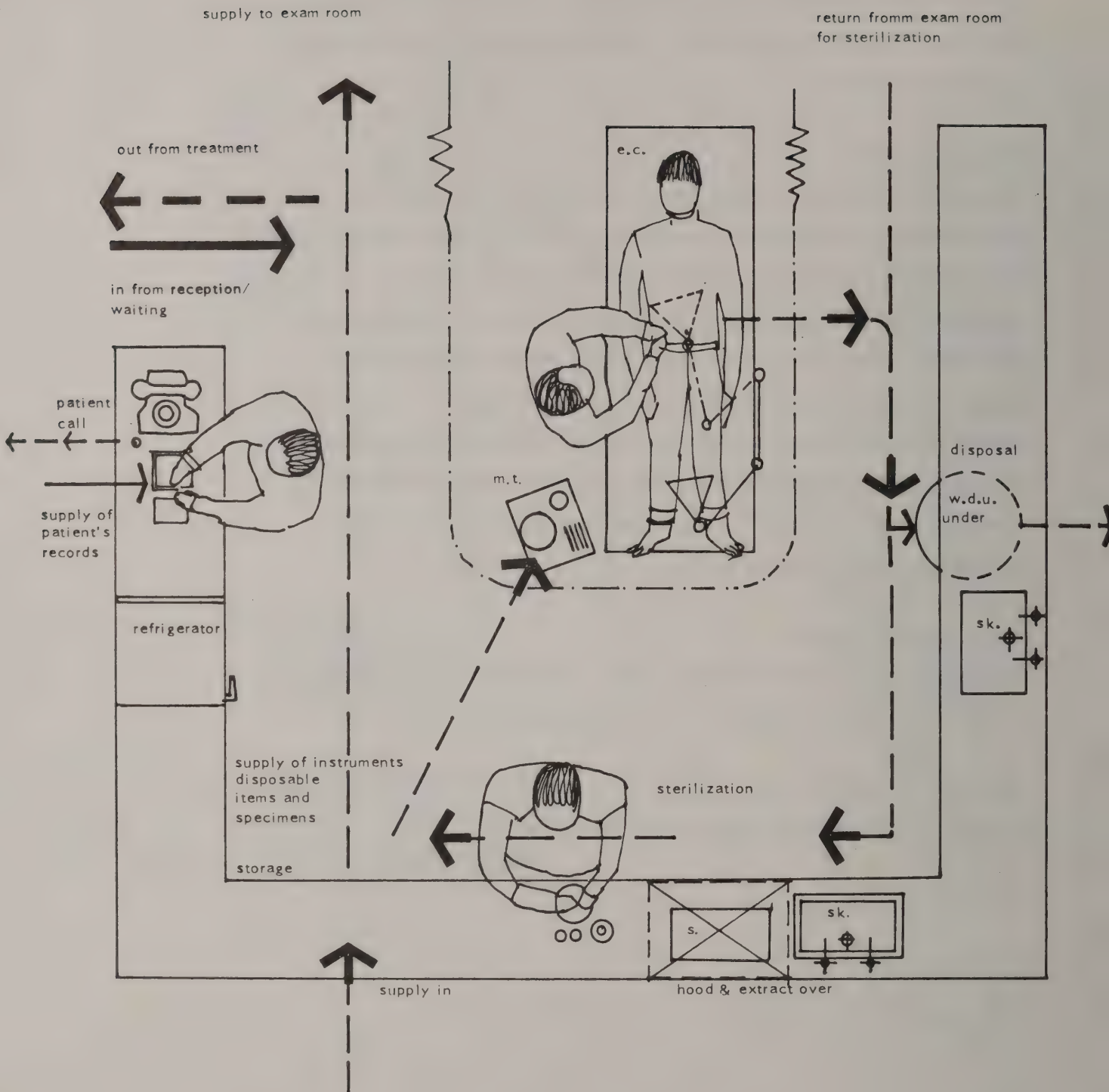
The patient enters the Centre, goes to reception and is shown immediately to the Medical Treatment Room where the nurse or doctor will carry out the minor surgical treatment that is required. It is not envisaged that this will exceed the minor functions of treating cuts, abrasions, opening abscesses etc. and will require facilities for giving treatment while the patient is seated or lying on a couch. These include washing and sterilising, the storage of linen and dressings, storage and dispensing of drugs, blood and urine testing and taking of blood pressure. Space will be required for the storage of surgical instruments and a medical trolley.

Spatial Requirements

Accommodation for examination couch, worktop and bench including a sink, steriliser, refrigerator, lockable drug cupboard.

Linen and dressing storage. Paper towel dispenser. There should be access to the consulting rooms and to the lavatory.

Fig. 13



The session is conducted by a Local Health Authority Doctor or G. P. and is concerned with external examination of the cervix and taking of cervical smears from women aged 35 or over. 12 - 15 patients maximum per session. No pathological provision in Centres at present - all specimens are sent to the Area Pathological Laboratory. (See also Women's Welfare Activity 4).

Pattern of Activities

As for Women's Welfare.

Spatial Requirements

Lobby

Receptionist

Health Visitor's Consulting Room

Sub-waiting Area

Doctor's Consulting Room

Undressing space

This facility is available in most Centres and normally consists of 8 consultations per three hour session. It is conducted principally for old people, expectant mothers and handicapped persons.

Pattern of Activities

The patient comes by appointment to the Centre, enters the lobby and goes to reception where the appointment will be checked. The patient is then directed to the waiting area. When called by the Chiropodist the patient enters the consulting room and after general discussion takes off shoes, socks/stockings, then goes into the cubicle housing the chiropody chair, and is attended by the Chiropodist who will perform minor pedicure surgery. After treatment the patient dresses and leaves the Centre via reception making a return booking if necessary on the way.

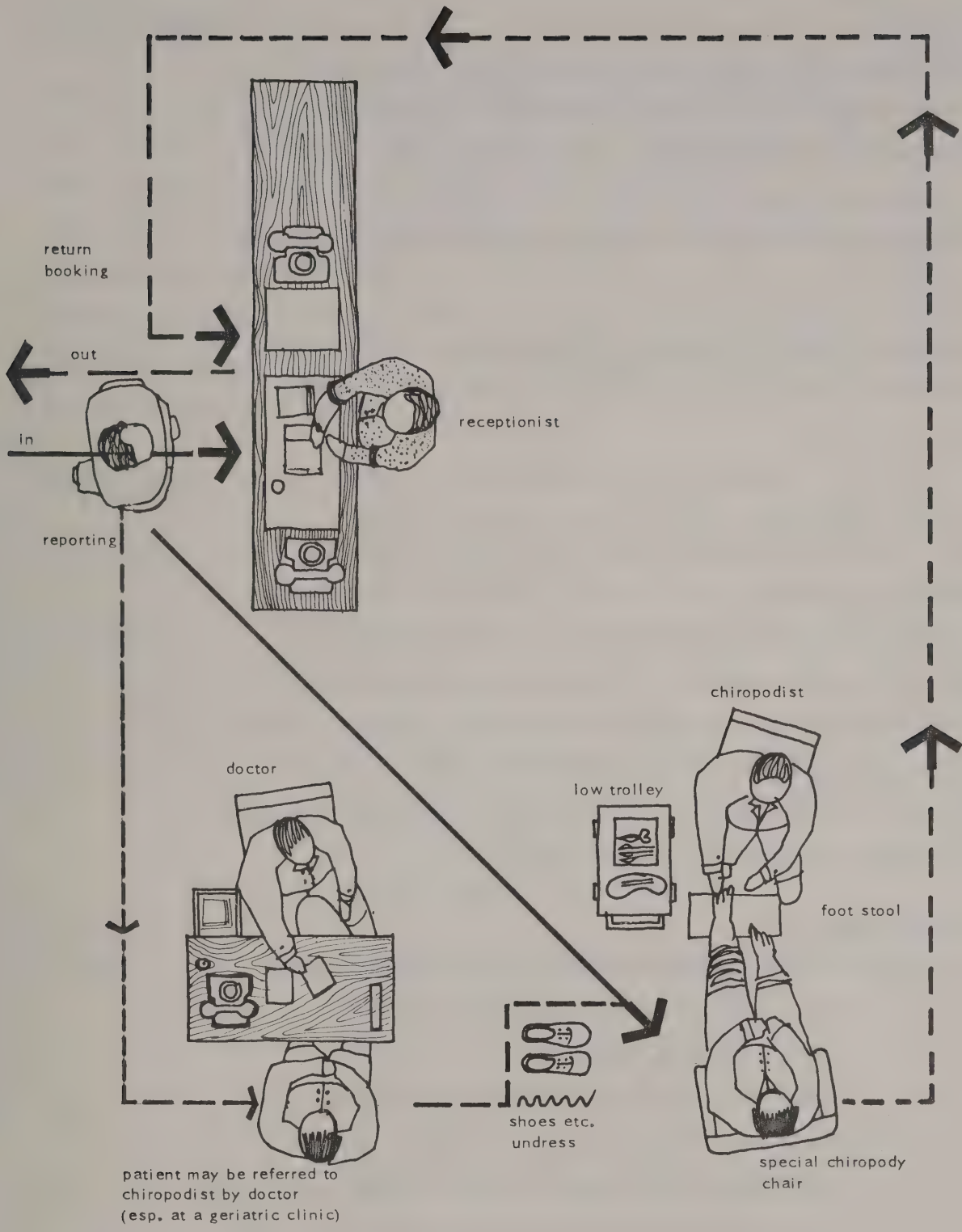
Spatial Requirements

Lobby

Consultant's Room

Chiropody Room - the patient is seated on a specialist chair with foot stool. The chair is adjustable in height and angle. There must be generous circulation space around the patient. Facilities for sterilising and washing must be provided.

Fig. 14



This session deals with children with speech defects. Ages of the children may range from 3 - 10 years. Sessions are conducted by appointment and the children taught singly in difficult cases. Often younger children with minor defects are taught in play session. The mother normally accompanies the child and waits while the session is being held.

It is conducted by a Speech Therapist and the equipment used normally is a tape recorder; with younger children toys, pictures etc. will be used.

Pattern of Activities

Mother and child enter the Centre and go to reception where the appointment card is checked. They are then shown to the Consultant's Room where the Speech Therapist discusses the child's defects with the mother. The mother may stay with the child or wait outside for the duration of the session. It may be conducted with a number of other children also engaged in play therapy. When the session is over, the mother collects the child, goes to reception where a return booking may be made. Mother and child then exit from the Centre.

Spatial Requirements

Consulting Room - it is proposed that this session be conducted in a room which will have multi-purpose use for sessions of a therapeutic nature.

The room must have good noise reduction quality and warm contact surfaces. A scribbling area to dado height is considered useful to engage the interest of young children. A high-chair for use with small children to establish a face-to-face relationship is important. (See also Audiometry/Audiology - Activity 13)

This activity requires a room with specific properties ensuring a high level of noise reduction. The Audiology session is concerned with measurement of hearing ability and is conducted primarily as a screening test in hearing response in infants upwards. Patients may be referred to the special clinic by the family doctor or others. Sessional attendance is by appointment. It is necessary to understand the medical terms associated with this session and the following glossary will be of assistance: -

- | | |
|----------------|---|
| Speech Therapy | - concerning remedial speech exercises in regard to speech defects. Session conducted by Speech Therapist. |
| Audiologist | - Consultant Diagnostician concerned with hearing ability. |
| Audiometrician | - A Technical Assistant who uses complex equipment which measures hearing response in relation to given clear tone signals of varying frequency and intensity. |
| Otologist | - A Consultant Specialist concerned with minor surgical treatment of the ear to effect improved hearing response. This Specialist uses an Otology unit, a trolley-mounted instrument, approximately 3 ft. x 4 ft. on plan x 3 ft. high requiring connection to electrical services. |
| Auriscope | - an instrument for viewing the interior of the ear. |

Pattern of Activities

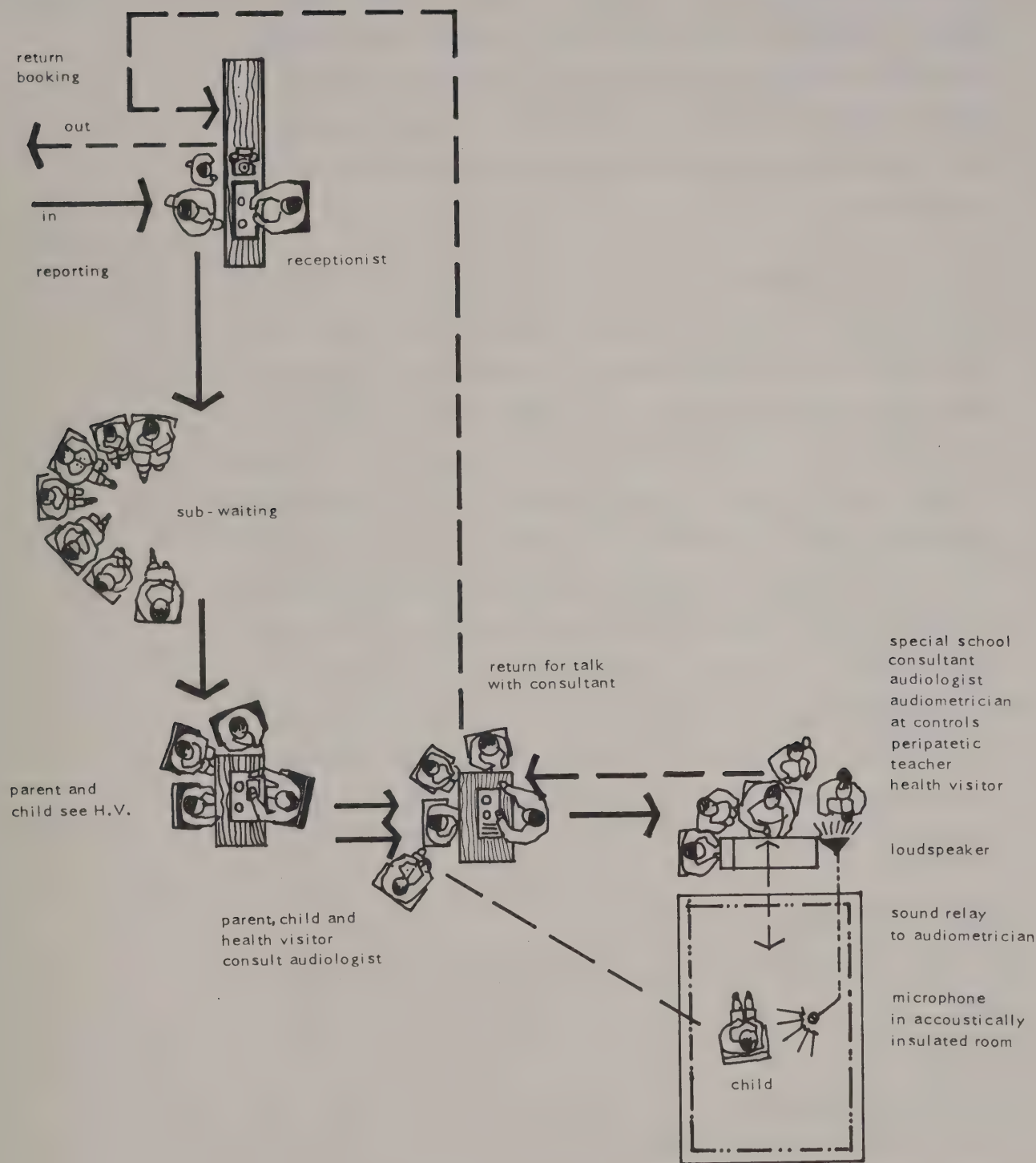
The child accompanied by parent enters the Centre and checks with reception and then is shown to the Health Visitor's Interview Room. The Health Visitor accompanies the parent and child to the Specialist Consulting Room and after examination various hearing tests are given depending upon the degree of deficiency. In larger Centres an otology unit may be provided and it is recommended that this be operated in a separate room (the Specialist Diagnostic and Therapy Room) with a high degree of noise reduction. When the session is complete, the parent may discuss with the Consultant further arrangements for tests or reference to District Hospital.

They then leave the Centre via reception where return bookings can be made.

Spatial Requirements

A double walled room with preferably 20 linear feet in one dimension with a high degree of noise reduction. Contact surfaces must be soft and sound absorbent. Ventilation must be adequate and incorporate sound reduction baffles. There is no objection to mechanical ventilation of this room between interviews providing that this can be controlled by the Technician. Glazing should be designed as a double window unit capable of being opened when the room is used for another activity. Heavy curtains should be provided to give good sound reduction. The double leaf door unit must provide a level of noise reduction equal to that of the other insulating elements of the room. The opening must be capable of being completely sealed and the interior face of the door finished with sound absorbent material.

Fig. 15



This session is concerned with the health and well-being of elderly folk and is conducted in close association with the County Welfare Service. With increasing attention being shown to general medical care and the consequent lengthening of the life-span there is an increasing number of senior citizens and the necessity for geriatric care is becoming accentuated and must be allowed for in the planning of future Centres.

The session is conducted by Health Visitors, Nursing Auxiliaries and a Doctor, who also carry out geriatric visiting work in their areas. Advice is given on diet and economy on fixed pension. Attention is given to home care and nursing and the allied services of home-help and nursing-loan. Principal medical service given by the clinic deals with chiropody, treatment of minor ailments, orthoptic and ophthalmic examination and recommendation for spectacles, minor pathological tests, blood and urine, the taking of blood pressure and the relief of hypertension, lungs, tubercular infection, gastro-enteric diseases such as colitis, incontinency requiring nursing loan services of incontinent pads etc. Teeth are examined by the Doctor and reference to the patient's own G. P. Dentist is given. The session very often takes the form of a club and the accent is on fellowship with education; refreshments are served.

Spatial Requirements

This activity is normally conducted in the Health Education Area

Lobby

Reception

Health Education Area

Health Visitor's Interview Room

Doctor's Consulting Room

Normally no more than 15 - 20 old folk attend one session and space is required for informal seating of tables and chairs. Films are shown and therefore black-out is necessary and adequate space for viewing is required.

This is a statutory function required by the National Health Service for maternity and infant welfare and requires adequate storage space for bulk provision of welfare foods and nutrients and should have access to the general office and reception.

The size is dictated by the population catchment area and the foods to be provided. This office is usually open at all mother and child welfare sessions for the purchase of welfare foods and nutrients, at other times for welfare food purchases only. The mother makes cash and token purchases over the counter and a small office safe is required for 'house security'. The opportunity to purchase welfare foods readily without getting involved in clinic activities is desirable and requires easy access from outside. Storage space is governed by the stock to be carried and packaging sizes will dictate shelf depths and heights.

There may be required in future some provision for the lockable storage of contraceptive supplies.

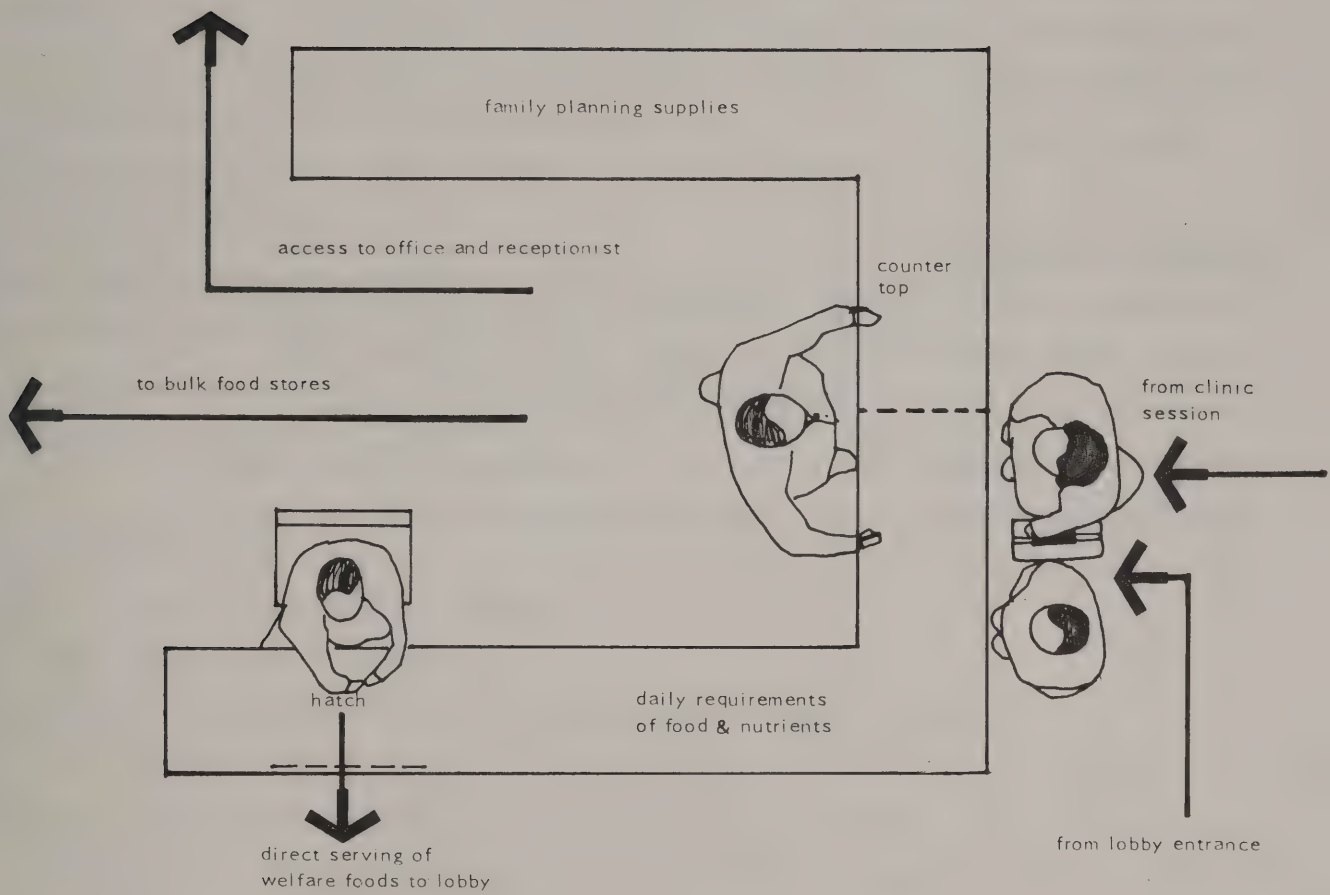
Welfare Foods

The distribution of National Dried Milk, Orange Juice, Vitamin Tablets and Cod Liver Oil is carried out by the Health Visitor and voluntary workers at Child Welfare Centres and by a large number of voluntary distributors on their own premises.

Nutrients

Whereas the dispensing of Welfare Foods is a statutory requirement the distribution of nutrients such as Beemax, Delrosa Rose-Hip Syrup, Farex, Lactogol etc. is at the discretion of each Health Authority and is foreseen as a declining service incumbent on the Authority.

Fig. 16



GROUP EDUCATION

This activity deals mainly with the education of groups of people with due regard to personal hygiene, infant care, family planning, innovations and vaccinations. Films are shown by a Projectionist Technician and lectures given by Health Visitors and Medical Officers.

The Mothers' Club is run primarily as a Health Education activity with social overtones. Numbers vary from 12 - 30 and the Club is held often in the evening. All mothers of children up to school leaving age are eligible to attend.

Spatial Requirements

In some cases large groups e.g. mothers and fathers, attend for films and talks requiring seating for 50 - 70 people. The size of the Health Education Area in relation to the Centre depends upon the catchment area which the Centre serves and will govern seating capacity accordingly. Visual aids and equipment store, storage of chairs when not in use, blackout curtains, hat and coat hooks required.

This is a specialist consultant service and is conducted by an Ophthalmologist. Vision tests in the first instance are carried out by the Local Health Authority Doctors or G.P.s who refer the patient to the specialist session for further treatment.

Pattern of Activities

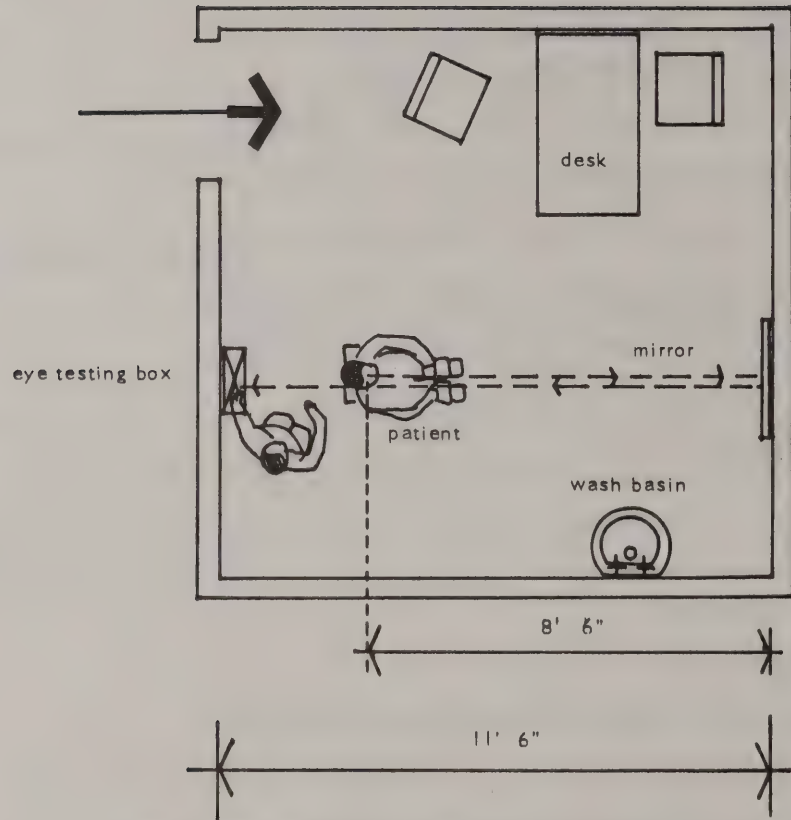
The session is on an appointment basis and the patient comes to reception, checks in and is shown to the sub-waiting area. The patient enters the Consulting Room and after history-taking the Consultant takes the patient into the Specialist Room. (It is proposed that this session is conducted in the multi-purpose Specialist Diagnostic and Therapy Room which has a length of 20 feet). After tests involving sighting and reading of cards and in the case of orthoptic work, the use of a binocular instrument for remedial treatment of sighting deficiency, the patient will leave, going to reception for a return booking if necessary before leaving the Centre.

Spatial Requirements

There are three methods of eye testing: -

- (a) using a room 20'0" in length
- (b) using a room 11'6" in length with a mirror (patient seated 8'6" from mirror)
- (c) using a "Keystone" machine. The room needs to be darkened (blinds over windows) and therefore ventilation should be considered. Specialist lighting will be needed.

Fig. 17



Use of mirror technique for sight testing obviates 20' room length otherwise required. A desk-top 'Keystone' testing machine may also be used.

Glossary of terms: -

- Ophthalmologist - specialist Consultant Diagnostician concerned with diagnosing sighting deficiency and the recommendation of remedial treatment.
- Orthoptist - a Technical Assistant dealing with remedial treatment of defects - squints etc. .
- Ophthalmoscope - instrument used by an Ophthalmologist to look into the eyes and to determine the degree and type of defect.

An essential part of the Local Health Authority Service. Provision of special equipment for those with temporary physical defects and special needs. A large storage area, determined again by size of Centre and the catchment area to be covered, with storage racks of varying depth, height and surface finish (the latter is important where soiled goods are returned) is required. Ease of access to the service yard for unloading of equipment and delivery to and from the equipment loan store is necessary. Sterilisation is of paramount importance.

The use of 'Hycolin' as a sterilising or cleansing agent has replaced the need for an autoclave. In the main, the smaller Centres will only deal with small, easily handled goods, but in larger Centres heavy, bulky and often cumbersome equipment may have to be stored. The following is a general list of nursing equipment loan-stock recommended by the Superintendent Nursing Officer for the County.

	Small Centres	Large Centres
Air Rings	X	
Armchair Commodes		X
Bed Cradles	X	
Bed Pans	X	
Bed Rests	X	
Adjustable Crutches		X

Continued.....	Small Centres	Large Centres
Wooden Crutches		X
Walking Sticks		X
Fireguards		X
Foam Cushions	X	
Foam Rings	X	
Incontinent Pants	X	
Invalid Chairs		X
Stool Commodes		X
Urinal	X	
Various Walking Aids		X
Feeding Cups	X	
Sputum Mugs		X
Douche Cans		X
Hydraulic Hoists		X
Lifting Poles, Chain and Handle		X
Parallel Bars		X
Carrying Chairs		X
Fracture Boards	X	
Inflatable Toilet Seats		X
Toilet Surrounds		X

Continued.....	Small Centres	Large Centres
Bath Seats		X
Bath Rails		X
Mattresses		X
Cot Bed		X
Dunlopillo Pillows		X
Draw Sheets	X	
Bed Tables		X
Bed Trays		X
Incontinent Sheets	X	
Pant Interliners	X	

A deep sink with drainer and space for cleaning and sterilising equipment is required adjacent to the Stock Room.

FAMILY PLANNING ADVISORY SERVICE

At the moment this organisation often hires space in the Centre and normally gives one or two lectures per week. Arrangement is usually made for a monthly evening session when wives and husbands can be interviewed after seeing the film on aspects of family planning and contraceptive methods.

Pattern of Activity

The husband or fiance accompanies wife or wife-to-be to Centre. Session is on an appointment basis. They check in at reception and are shown to the waiting area. From the waiting area they will be called to the Interview Room to be interviewed by a lay-worker of the Family Planning Association. The woman proceeds to the Consulting Room where a doctor examines her and decides the type of contraceptive device which is suitable. A nurse advises the woman on fitting and hygiene. She dresses and rejoins husband or fiancé. They both proceed to the Sales Room where confidential purchases can be made. Both go back to reception where if necessary an appointment for a further visit is made.

Spatial Requirements

Lobby

Reception

Waiting Area

Consulting Room

Examination Room

Sales Room - a separate and lockable area for contraceptive supplies must be provided.

Depending upon the size of the catchment area, thus the size of the Centre and the number of activities which will be undertaken, the size of the administrative accommodation will vary. The accommodation will comprise: -

Reception/Office

Sales Room and Storage

Staff Room and sanitary facilities

Cleaning Store

Reception/Office

This area is concerned with the reception of patients and the storage of clinic records. Space for typing letters is necessary. Telephone services both external and internal are required and inter-communication through light signals is considered desirable. A desk space of 4 linear feet per person is preferable and circulation space should be adequate to allow persons to pass between a seated receptionist and a clerk taking records from an opened filing cabinet. Associated with the reception area there should be sufficient pin-up board to display notices and poster material.

Medical record envelope storage. Medical records normally stored 10 to the inch or 120 per foot run. The following is a guide to filing spaces -

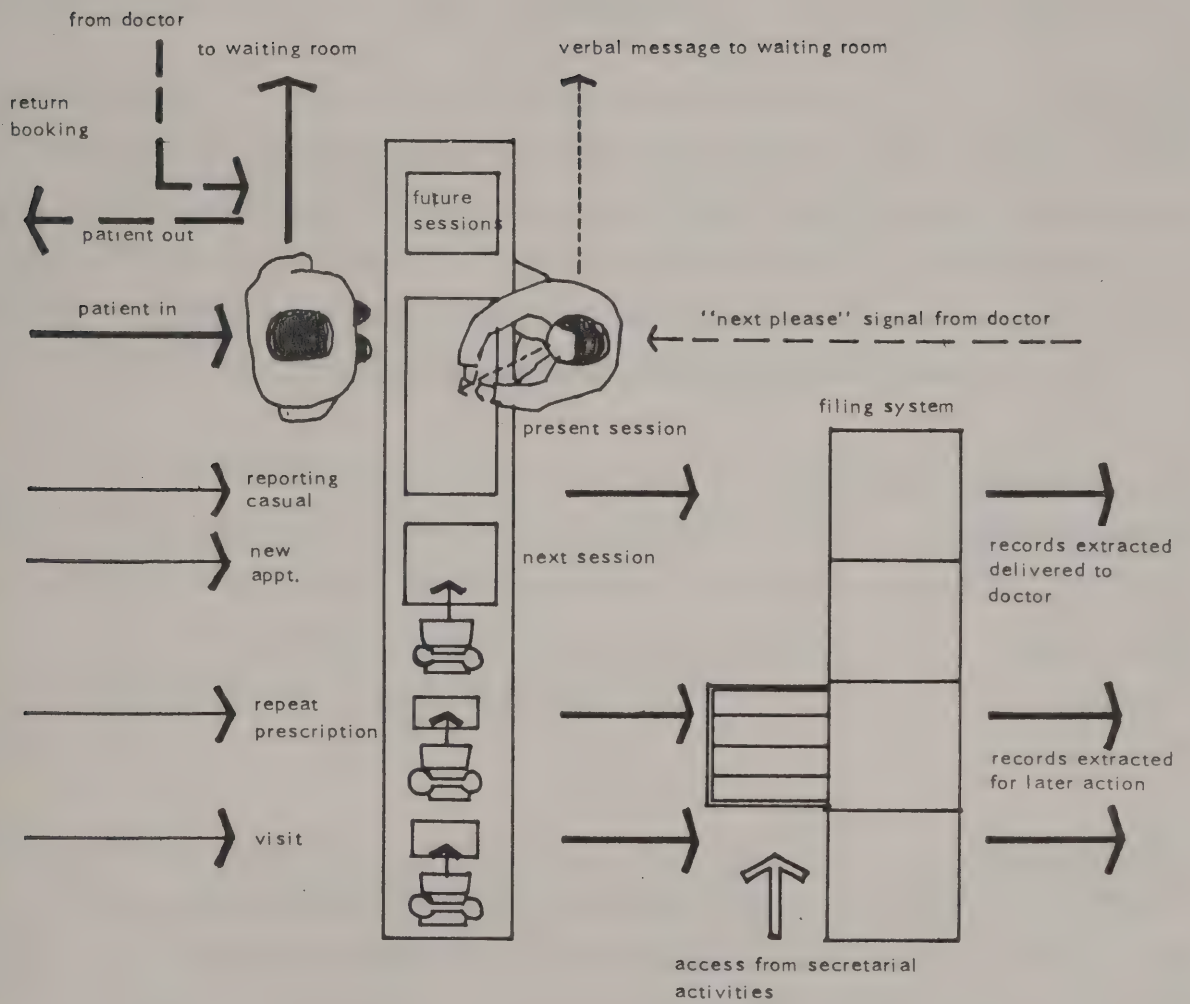
1. Lateral filing

3 shelves 10" high 6" wide 12'6" long gives 450" run of filing.

Space required: $12'6" \times (6" + 2'6") = 37.5 \text{ sq. ft.}$

2. Open tray 20 compartments 24" deep at 6" centres gives 480" run of filing.

Space required: $10'0" \times (2' + 2") = 40 \text{ sq. ft.}$



3. Drawer filing

Amerson 457 series having 5 drawers, each with 4 compartments 25" deep gives 500" run of filing.

Space required: $2'2" \times (2'1" + 3'4") = 11.7 \text{ sq. ft.}$

In this case the top drawer is rather high.

or

a similar unit with 8 drawers each with 3 compartments 20" deep gives 480" run of filing.

Space required: $3'0" \times (1'8" + 3'4") = 15 \text{ sq. ft.}$

Staff Room

This room is for staff conference and leisure and should be quiet, surface finishes soft, the environment informal with ready access to staff toilets and to the Tea-Bar.

(Note: It is not intended that meals should be prepared on the premises.

The Tea-Bar will cater for light refreshment only.)

Furniture in the Staff Room

Upholstered chairs

Demountable table units

Book shelves

Curtains

Carpeting

Cleaner's Room

This room is a utility room and should house a slop sink and deep sink with drainer. There should also be storage for equipment, cleaning materials and for the cleaner's personal items.

NOTES ON CONSIDERATIONS RELATED TO SITE, EXTERNAL SPACES
AND GENERAL ARRANGEMENT OF ACCOMMODATION

(Where figures are quoted, these are based on the requirements for
a Centre to serve a population of 12,000)

Area requirement for a new Centre site in small town/residential
developments may be calculated on not less than 1.5 sq. ft. per
head of catchment population as a 'rule of thumb' guide.

Site and External
Areas

The Centre should be sited with adequate light and space around the
buildings plus forecourt space for the parking of perambulators,
cycles etc. and a car park for, say 20 patients and 15 staff.
Patients require to recognise immediately entrances to the Centre
and to proceed as directly as possible from the parking areas. All
external areas should be cleanly floorscaped and well drained.

From the entrance Patients should be able to pass into a lobby of
adequate dimensions permitting each to pass the other easily -
especial consideration for mothers with infant-in-arms, wheelchair
patients etc. The doors should be designed to be readily opened and
with correct automatic closure capable of checking in the open
position.

Entrances

Having passed through the lobby the patient should have immediate
access to the receptionist whose area may be identified with the
main administrative areas, forming a core to the building. The
floor finishes in the circulation spaces should be resilient and
capable of easy cleaning.

Reception/
Administration

Lavatory areas must readily be accessible and give privacy in use. It is essential that these have floor and wall surfaces which can be easily cleaned and desirable that the plumbing be concealed if possible. The W.C. suite should be cubicled with hand rinse facilities within the cubicle. It is preferable for the W.C. flush and the thermostatically controlled mixed-spray hand rinse supply to be foot-operated enabling patients to use the W.C. and wash their hands without touching contact surfaces after use. The same consideration should be given to all sanitary and cleansing areas to achieve a high standard of hygienic design.

Lavatory Areas

Waiting spaces should be placed off the main routes to ensure standards of privacy for doctors and staff. They should also be local rather than centrally situated in order to expedite the circulation of patients to the Consulting Rooms and to minimise the impression of an institutional and impersonal atmosphere.

Waiting Spaces

The principle of general purpose spaces should be adopted with rooms planned to reflect optimum sizes of various groups of functions.

**Multi-purpose
Spaces/Rooms**

In considering the future design of Centres it is apparent from the existing services that spaces at present are not put to maximum use. Certain rooms within the Centre are identified with the following functional headings. These are: -

- (a) Consulting
- (b) Medical Treatments
- (c) Specialist Diagnostic and Therapy
- (d) Specialist Treatments

The Specialist Diagnostic and Therapy Room can be designed to serve the functions of speech therapy, audiology, and ophthalmic clinics. In this room the requirement is for a high degree of sound insulation and soft contact surfaces for hearing tests with one dimension of 20 ft. serving also for eye testing. It could also be used for small relaxation classes where carpeted floor areas are desirable for the comfort of women exercising.

The Medical Treatments Room is envisaged as being en suite with the Consulting Rooms serving for vaccination, immunisation and the treatment of minor ailments.

Medical Treatments
Room

The Specialist Treatments Room is considered as a separate room to provide for functions like chiropody but it can serve also for general treatment when the other rooms are being fully used.

Specialist Treatments
Room

To be efficient the building must satisfy not only the physical requirements of utility and comfort but also the psychological requirements of environment. The following aspects need especial consideration -

Psychological
Aspects

(a) Form and space.

It is suggested that Centres should be considered an extension of the family pattern of life and therefore desirable that their planning reflect a domestic rather than institutional character.

(b) Prospect.

The maximum possible use should be made of pleasant and interesting views for spaces such as waiting areas and common rooms. It is a debatable point whether this is a consideration for Consulting Rooms.

(c) Aspect.

The provision of adequate fenestration to make the most of sunlight with effective means of controlling light and shade in summer months, creating light and airy spaces, can be an important asset to the interior environment of a Centre.

(d) Privacy.

Privacy is of paramount importance in a building concerned with personal interview and diagnosis. In addition to the important considerations of circulation and sound insulation it is necessary to avoid overlooking from outside the building or from adjacent windows.

CLASSIFIED LIST OF BASIC ACCOMMODATION ENVISAGED FOR A MEDICAL CENTRE
BASED ON A POPULATION OF 12,000

Description	Page No.	Description	Page No.	Description	Page No.
* 2 No. G. P. s Consulting Suites Medical Treatment Room 10 - 20,000 population Dispensary	22 25 27	Entrance Lobby	28	Dental Entrance, Reception Records Office & Waiting Areas Principal Dental Surgery Auxiliary Surgery & Store Recovery Room and Utility Incinerator/Cleaner Dental Lab. /Dark Room/Store	35 34 36 38 37
		Pram Shelter	29		
		Reception/Records Office			
		Waiting Spaces			
		Patients' Lavatories			
		L.H.A. Consulting Suite	22		
		Health Visitor's/District Office	24		
		Health Visitor's Examination Room	23		
		Specialist Diagnostic & Therapy Room	31		
		Specialist Treatments Room			
		Health Education Area	32		
		Tea-Bar	33		
		Welfare Foods Sales Room			
		& Bulk Storage	30		
		Nursing Equipment Loan Store	42		
		Play Therapy Room	38		
		Staff Common Room	40		
		Staff Lavatories			
		Cleaners' Closet			
		Switches			
		Heating/Fuel Store			

* Consulting Suite comprises a Consulting Room and an Examination Room en suite. 2 No. being an agreed minimum provision in the first instance. Actual number of consulting suites required in addition in any Centre will depend upon local circumstances.

INDEX OF SPACE
REQUIREMENT
DIAGRAMS

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43	Nursing Equipment Loan Store (Secondary Health Centre) Central Supply	105
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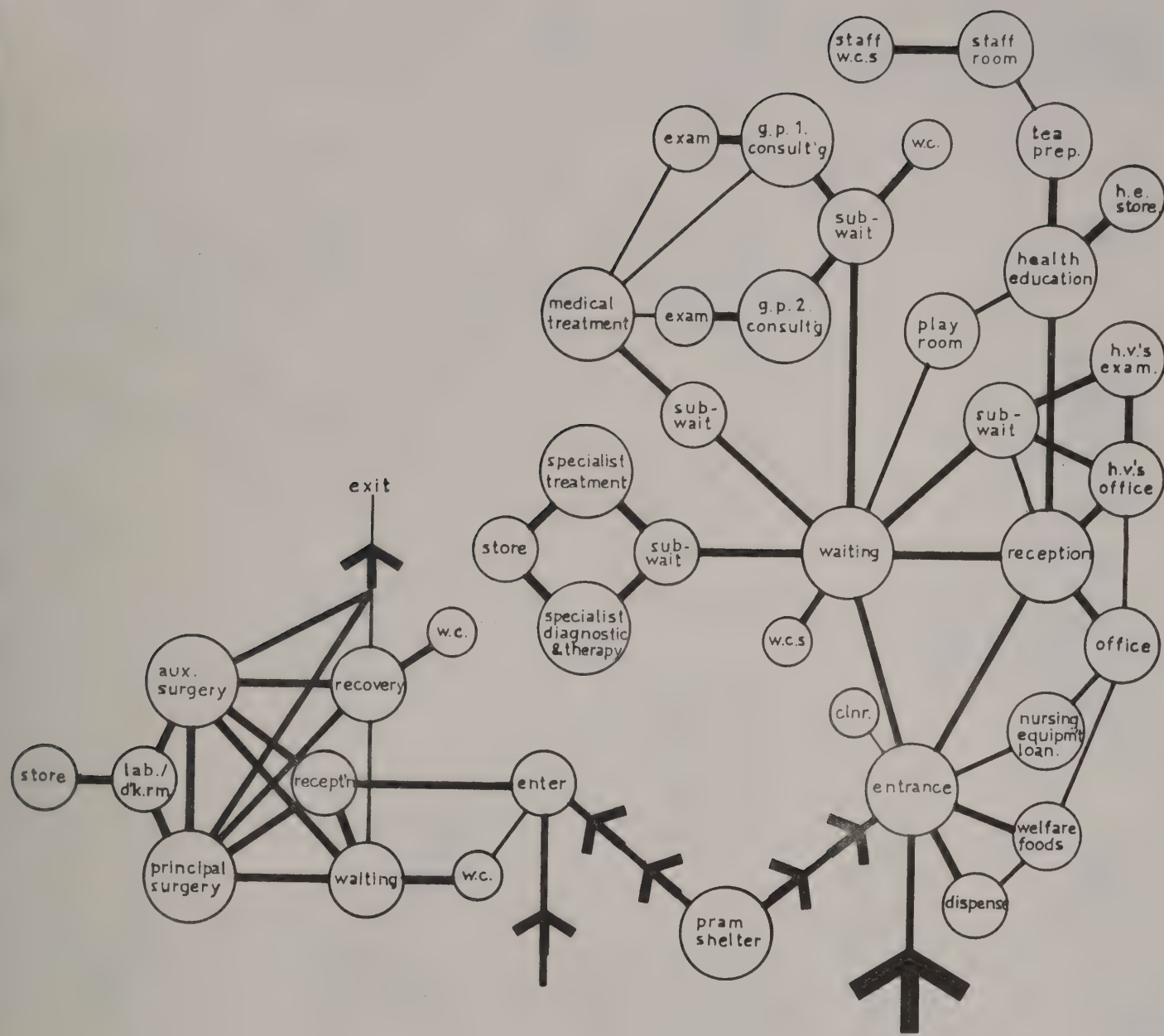
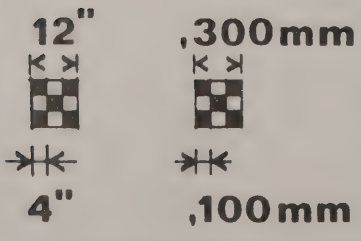
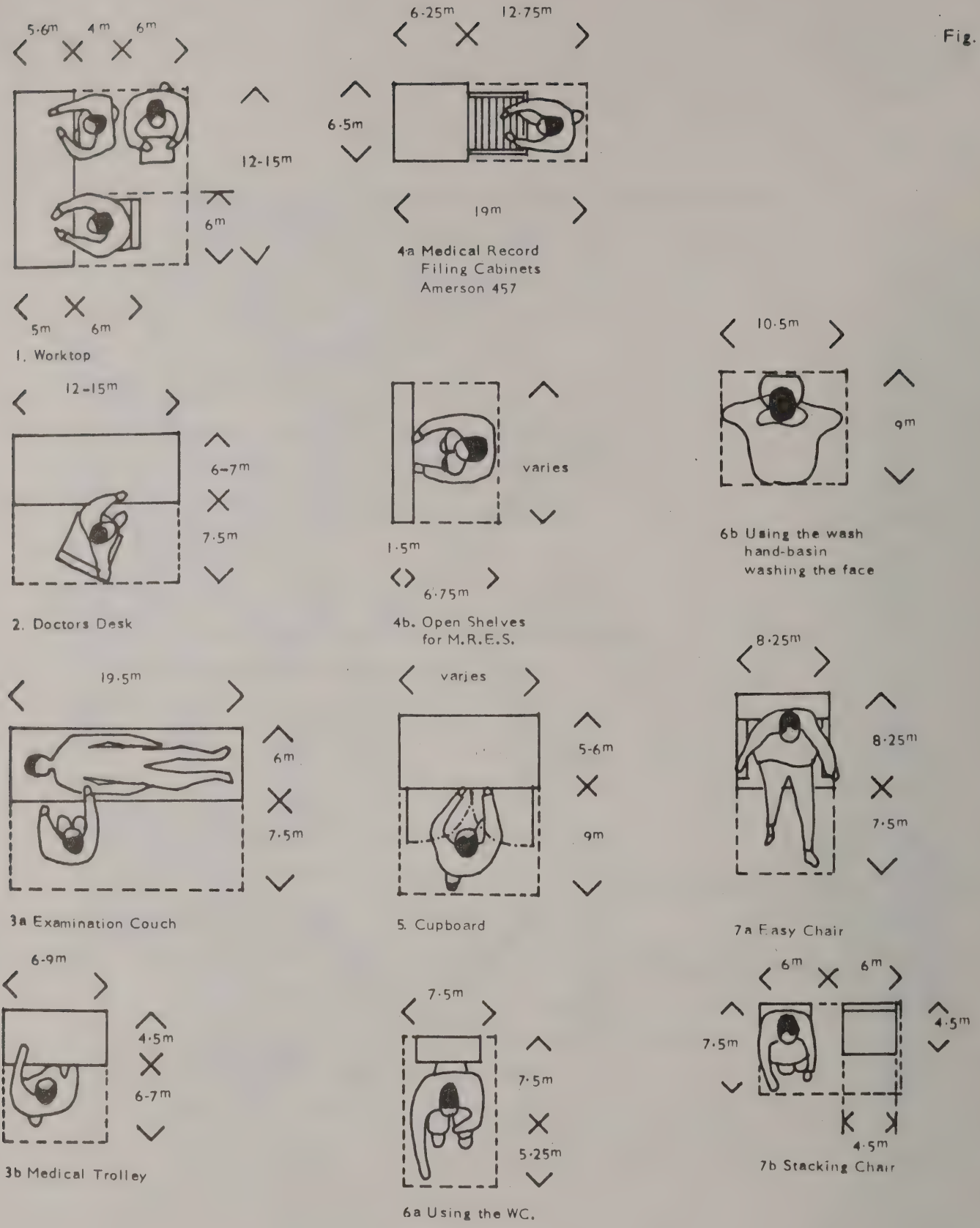
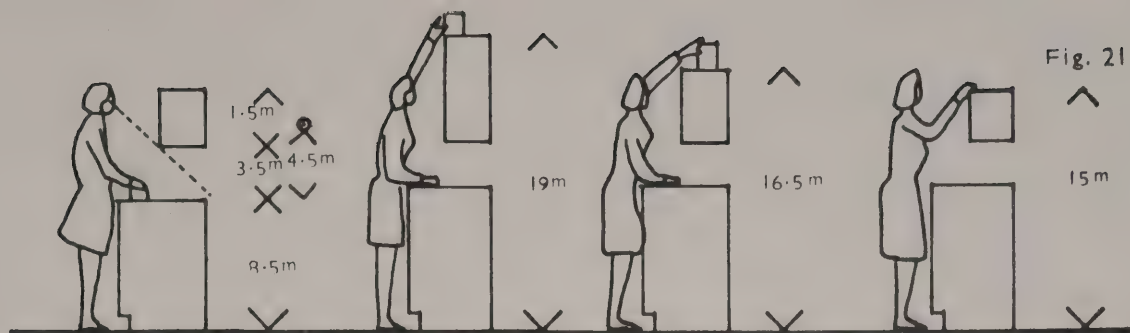


Diagram of priority relationships
in basic accommodation

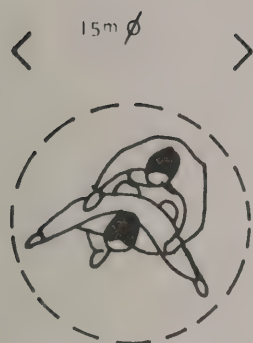


Spatial Diagrams for basic activities (I)

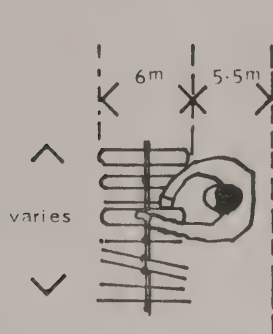
m = module 4" : ,100mm
pm = planning module 12" : ,300mm x 12" : ,300mm
translation factor pms/sq. mms = .09



Assuming woman to be 5' 4" 16 modules in height



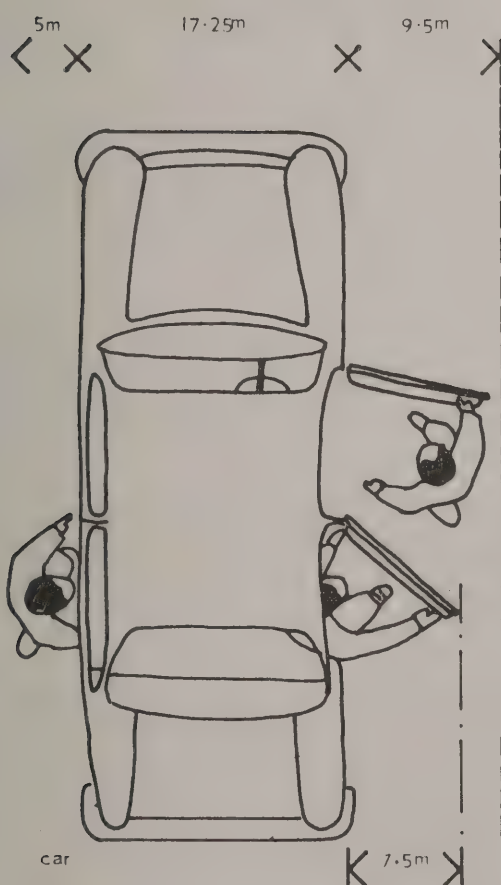
helping on with coat



hanging coats on hangers

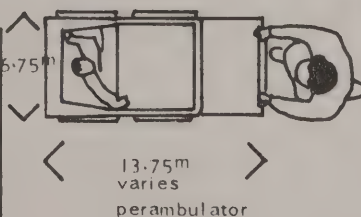


hanging coats on hooks



car

44.75m (generally)
but varies



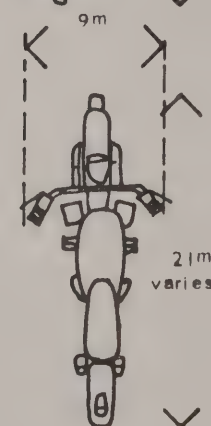
perambulator



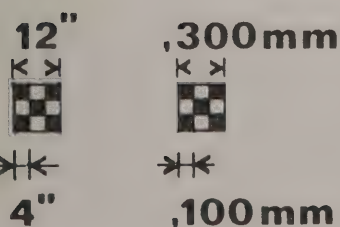
scooter



Bicycle
9m
varies
height to
handlebars 3' 6"
10.5m
18m
varies



moped



Spatial Diagrams for basic activities (2)

m = module 4" : 100mm

pm = planning module 12" : 300mm x 12" : 300mm

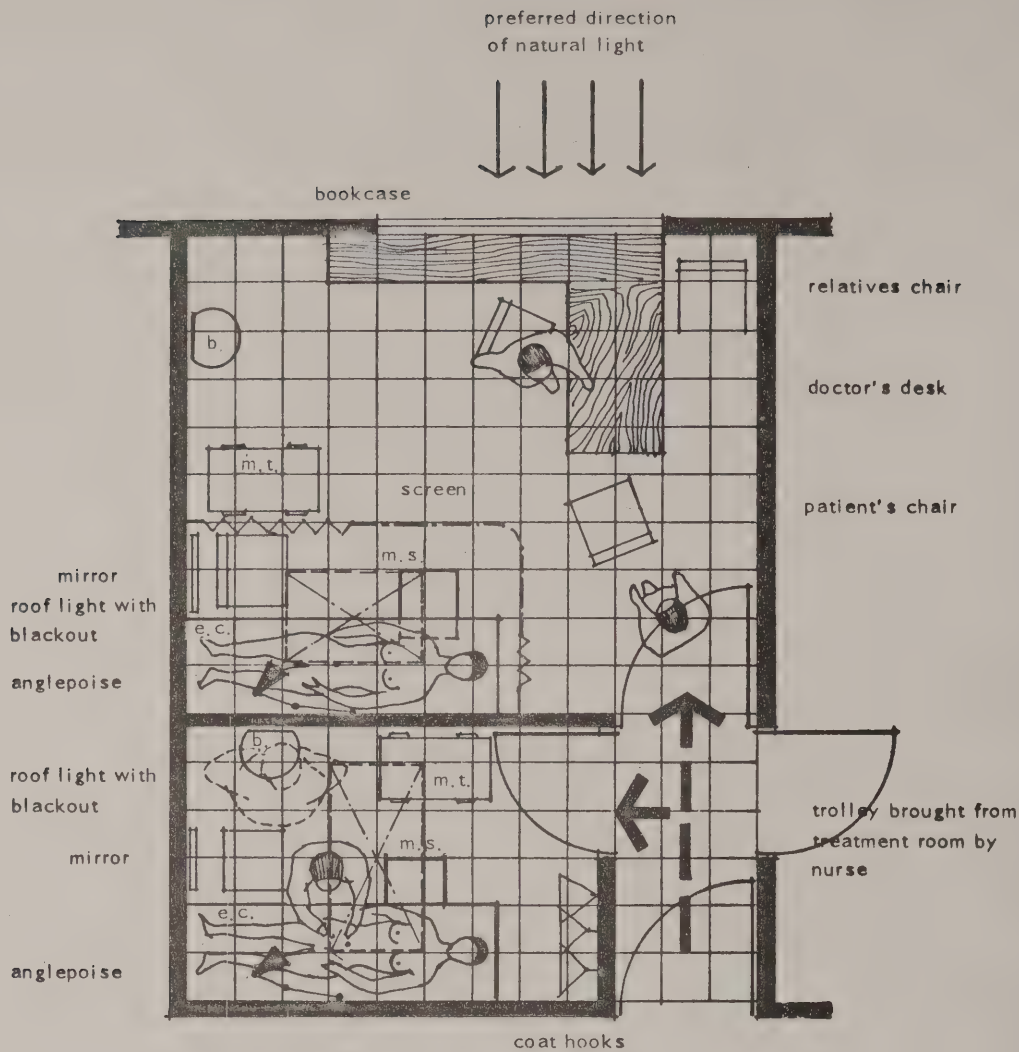
translation factor pms/sq. mms = .09

MEDICAL CENTRES

Legend of Abbreviations used in diagrams

b.	-	rinsing basin
b. c.	-	bookcase
b. s.	-	bucket sink
b. w. s.	-	baby weighing scales
c.	-	cupboard
c. c.	-	chiropody chair
c. /sh.	-	cupboard/s and shelving
c. t.	-	coffee table
d.	-	writing desk
d. c.	-	dental chair
e. c.	-	examination couch
f. c.	-	filing cabinet
g. c.	-	glass fronted cabinets
h. l. c.	-	high level cupboards
h. r. b.	-	hand rinse bowl
i.	-	incinerator
m. c. u.	-	mobile cupboard unit
m. d.	-	medical desk
m. s.	-	mounting stool
m. t.	-	medical trolley
m. x. u.	-	mobile 'X' ray unit
o. u.	-	otology unit
p. c.	-	poisons cupboard
p. t. c.	-	paper towel cabinet
r.	-	refrigerator
r. c.	-	recovery couch
r. v.	-	refrigerator for vaccines
s.	-	steriliser
s. b. d.	-	scribbling board dado
s. d. u.	-	sanitary disposal unit
sh.	-	shelving
sk.	-	sink
s. s. w. t.	-	stainless steel worktop
t.	-	table
u.	-	urinal
w. b.	-	wash hand basin
w. c.	-	water closet
w. d. u.	-	waste disposal unit
w. t.	-	worktop
w. t. c.	-	worktop with cupboards under
x. v.	-	X-ray viewer

Fig. 22

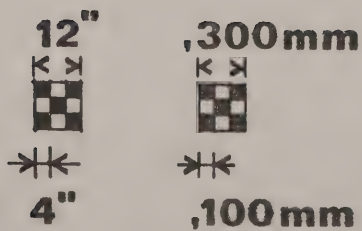


Consulting Room 120 sq ft (120 pms)
Examination Room 50 sq ft (50 pms)

proximity – Waiting Area
Toilets – Patients
– Staff
Medical Treatment Room
H.V. Consulting Room

*The Consulting Suite:–

The above figure shows the recommended provision for both Local Health Authority and General Practice Doctors. A Consulting Room with screened examination area with an additional examination cubicle en suite

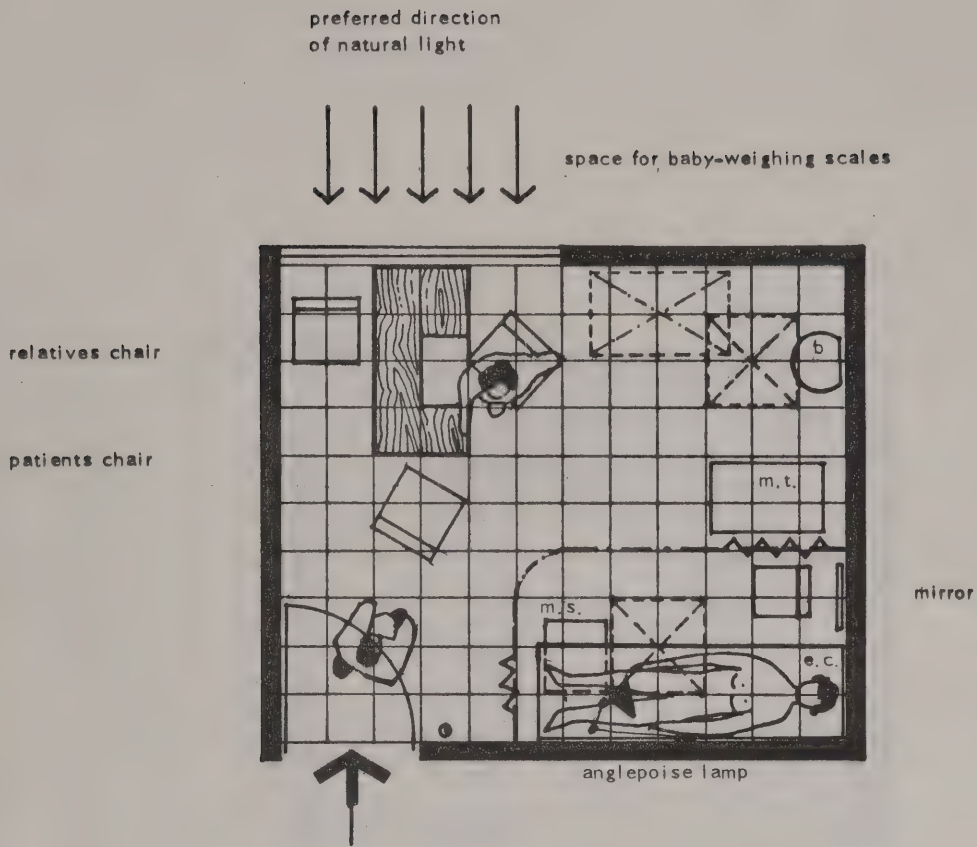


Consulting Suite for L.H.A. or G.P. use

m = module 4" : 100mm

pm = planning module 12" : 300mm x 12" : 300mm

translation factor pms/sq. mms = .09



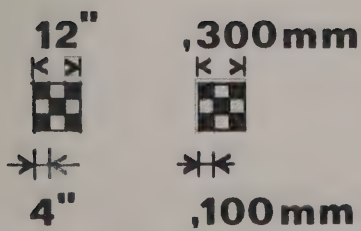
Room Proximity :- Waiting Area
Lavatories - patients
 - staff
Medical Treatment Room
H.V. Consulting Room

This room is used for interview and examination where complete undressing may be necessary

*Note :- This room may also serve as a Local Health Authority doctor's
or general practitioner's consulting room

Recommended Area 120 sq ft (120 pms)

This room may be used for Family Planning Advice

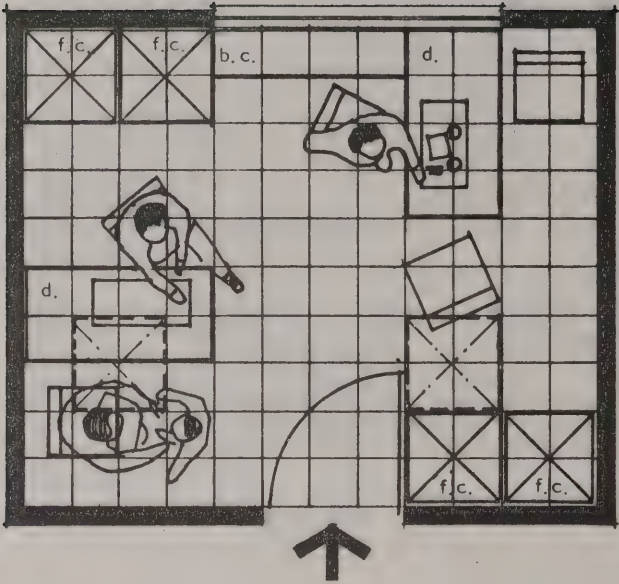


Health Visitor's Examination Room

m = module 4" : ,100mm

pm = planning module 12" : ,300mm x 12" : ,300mm

translation factor pms/sq. mms = .09



Proximity – Waiting Area
Lavatories – patients
 – staff
Medical Treatment Room
Consulting Suites

Recommended Area for two Health Visitors
120 sq ft (120 pms)

12"

4"

,300mm

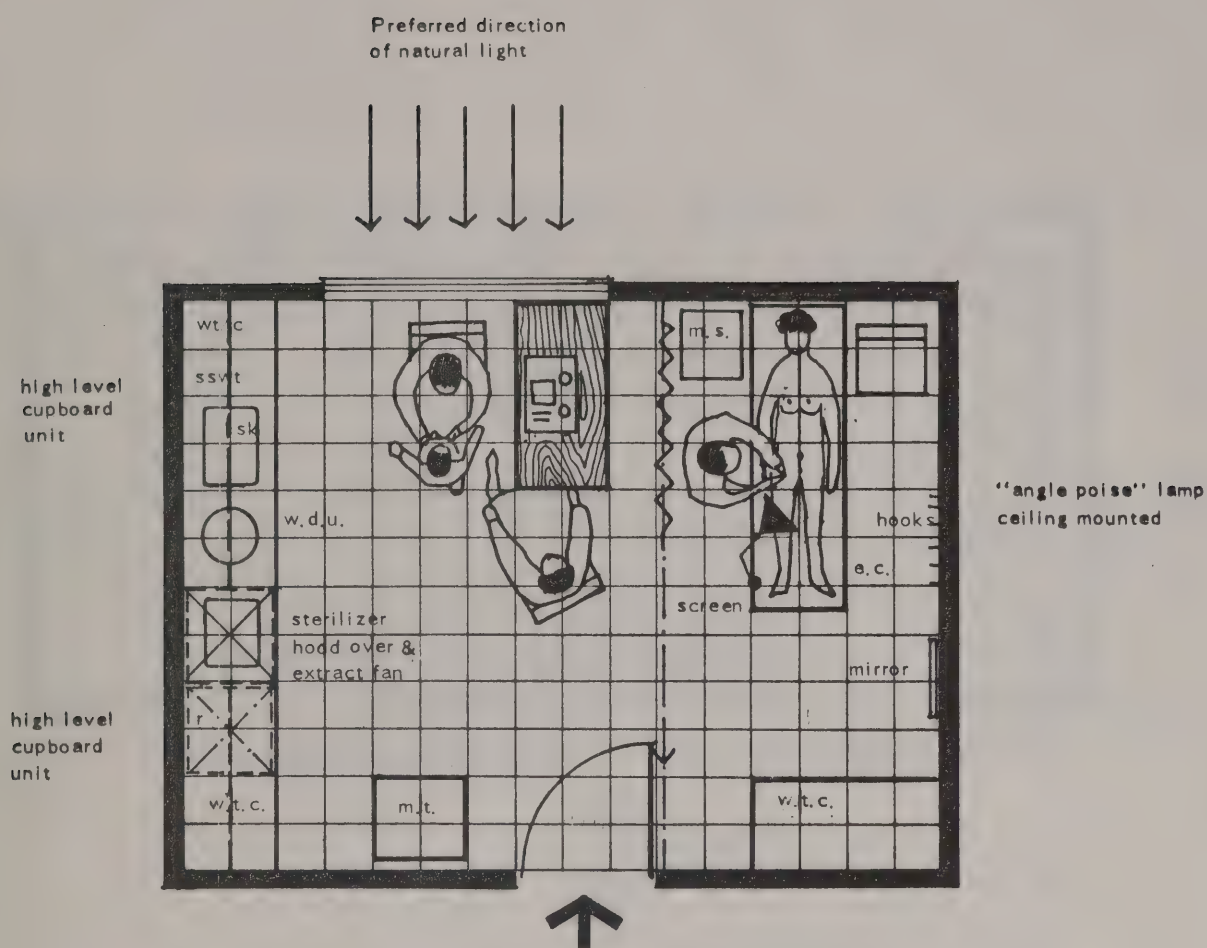
,100mm

Health Visitor's/District Office

m = module 4" : ,100mm

pm = planning module 12" : ,300mm x 12" : ,300mm

translation factor pms/sq. mms = .09



medical treatment room 10,000 – 20,000 population

Area recommended 192 sq ft (192 pms)

Proximity - H.V. Rooms
Consulting Suites
Waiting Area
Lavatories - patients
 - staff

12th

,300mm



Medical Treatment Room (10–20,000 population)

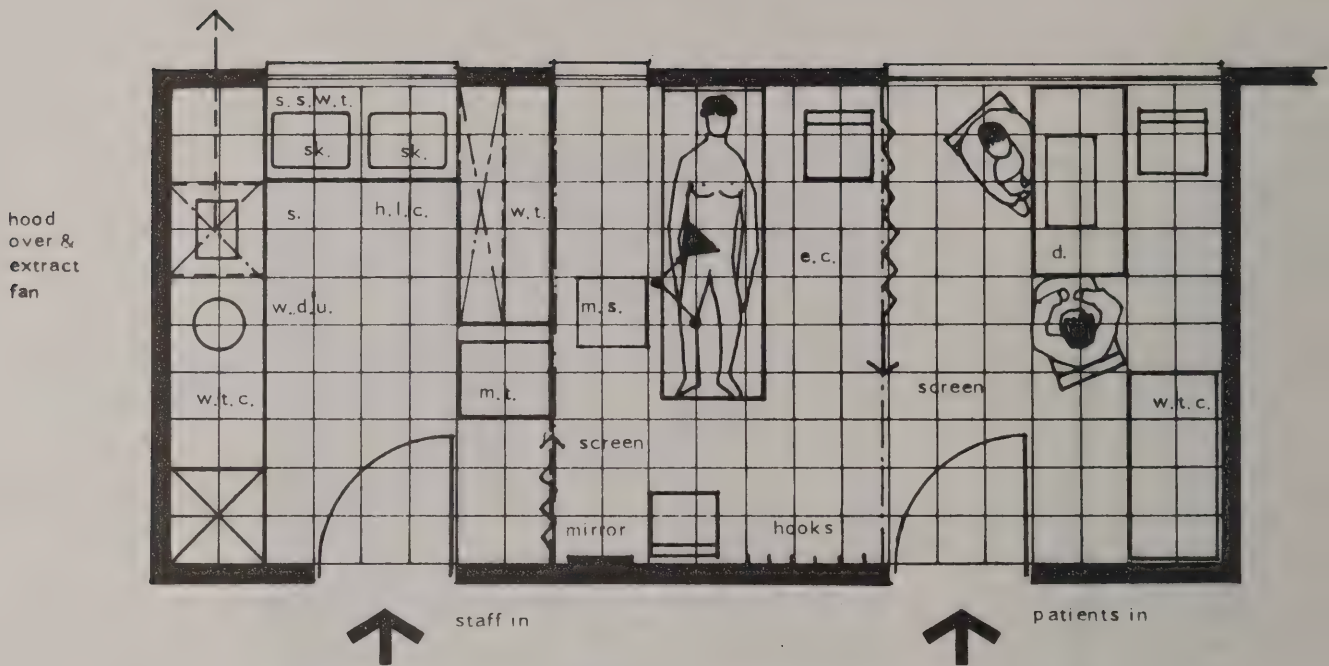
4"

,100 mm

m = module 4" : ,100mm

pm = planning module 12" : 300 mm x 12" : 300 mm

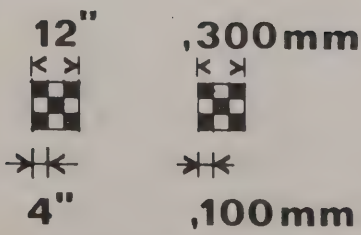
translation factor pms/sq. mms = .09



Medical Treatment Room for 30,000 population

Recommended Area — 220 sq ft (220 pms)

- Proximity —
- H.V. Rooms
 - Consulting Suites
 - Waiting Area
 - Lavatories — patients
 - staff

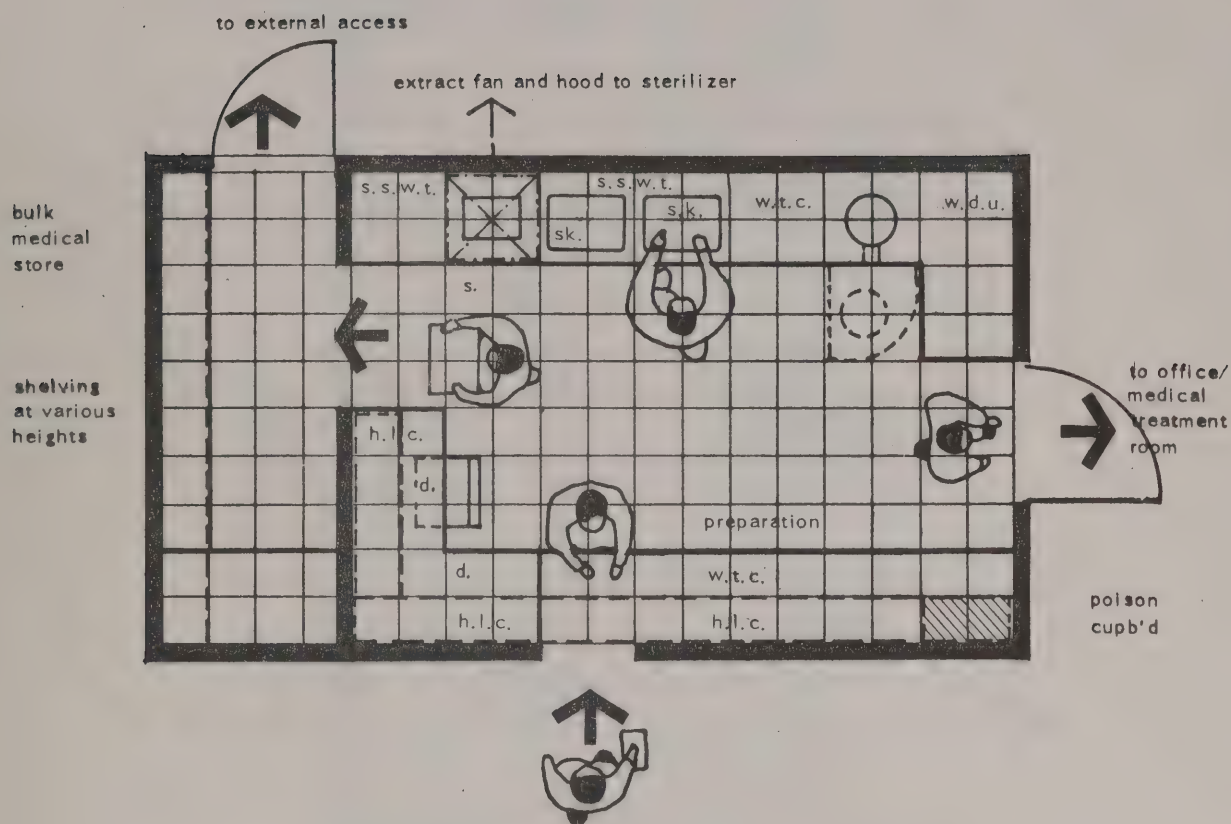


Medical Treatment Room (30,000 population)

m = module 4" : 100mm

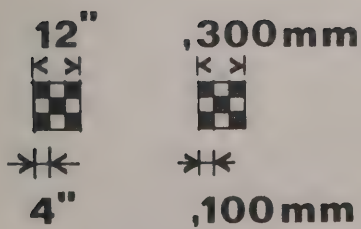
pm = planning module 12" : 300mm x 12" : 300mm

translation factor pms/sq. mms = .09



Dispensary :— This accommodation may be necessary when the general practioner integrates with the Local Health Authority Services in the Health Centre.

Recommended Area for Dispensary — 180 sq ft (180 pms)
for Bulk Medical Store — 35 sq ft (35 pms)

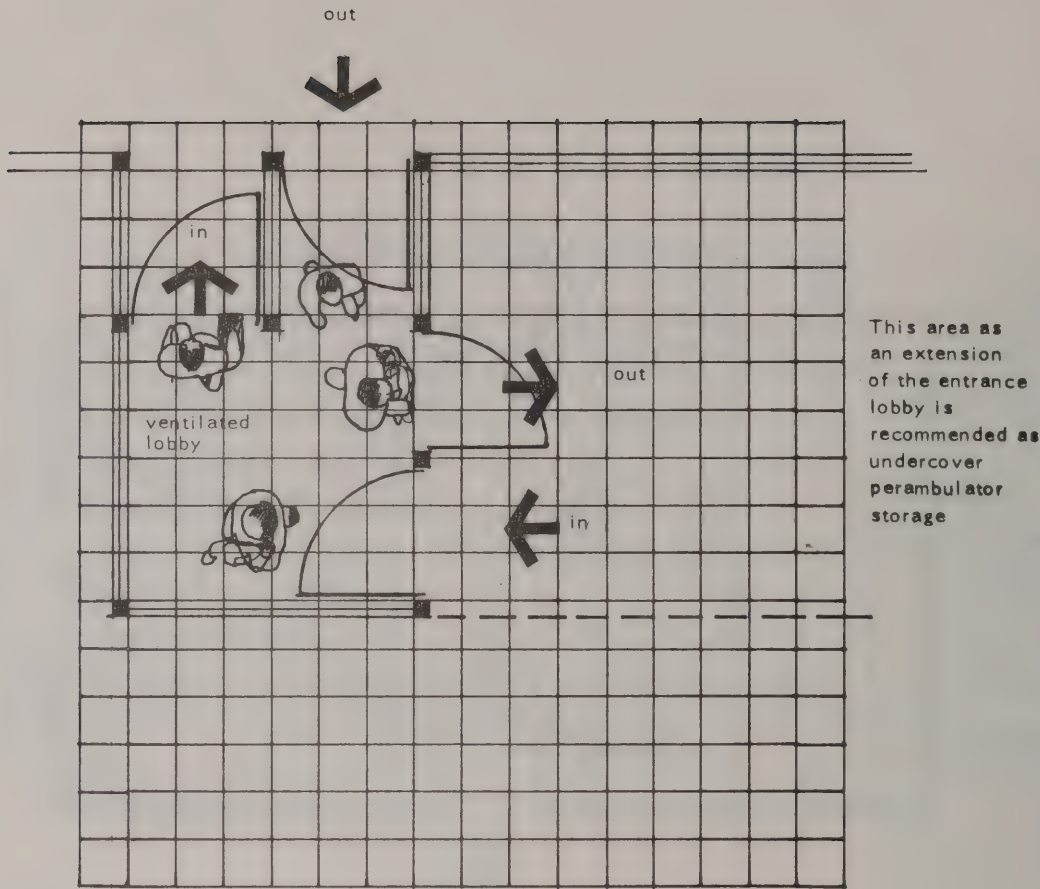


Dispensary (Secondary Health Centre)

m = module 4" : 100mm

pm = planning module 12" : 300mm x 12" : 300mm

translation factor pms/sq. mms = .09



Entrance lobby

Recommended minimum area 54 sq ft
(54 pms)

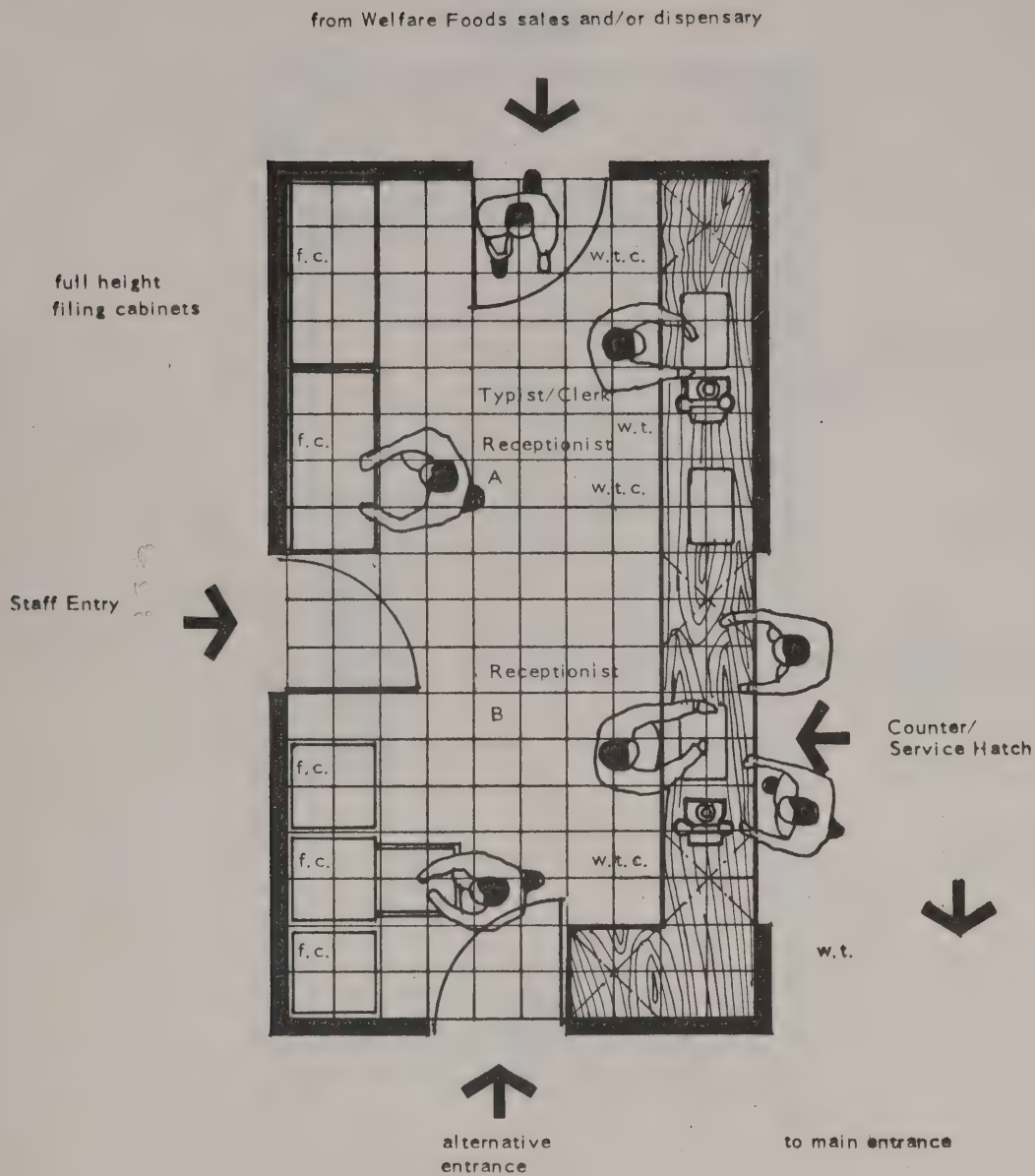
note - level grade to facilitate wheel chair access



m = module 4" : ,100mm

pm = planning module 12" : ,300mm x 12" : ,300mm

translation factor pms/sq. mms = .09



Reception Area for 10,000 – 20,000 catchment area
Health Centre. (4 G.P. practice integrated)

Recommended minimum area – 180 sq ft
(180 pms)

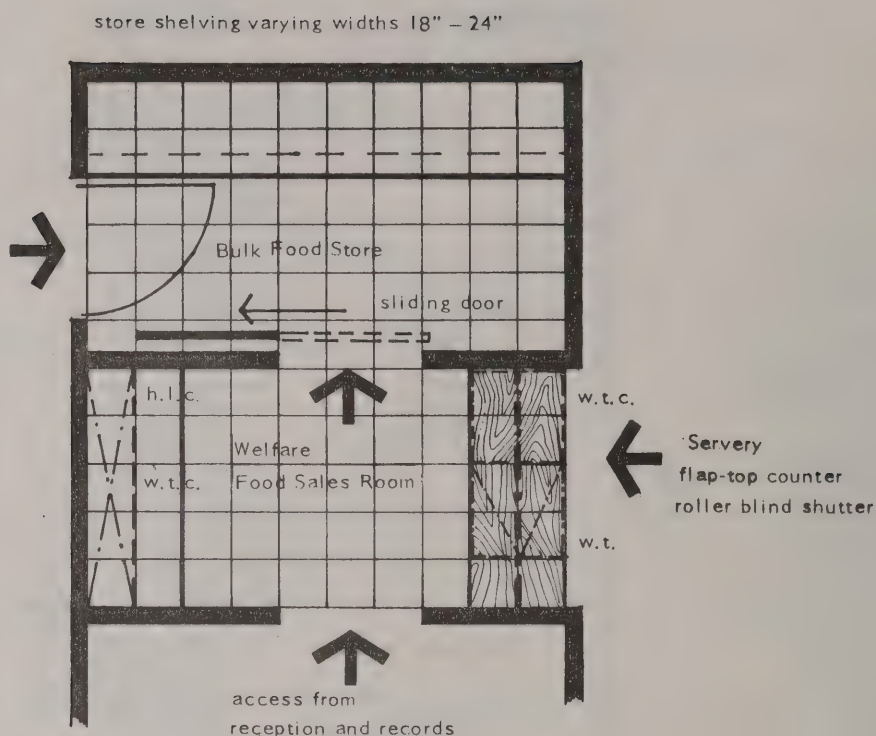


Reception/Records Office

m = module 4" : ,100mm

pm = planning module 12" : ,300mm x 12" : ,300mm

translation factor pms/sq. mms = .09



- (a) Welfare Foods Sales Room for 10,000 - 20,000 catchment area
Recommend area 50 sq ft. (50 pms.)

- (b) Bulk Food Store
- Recommended areas.
- | | |
|------------------------------------|---------------------------|
| for 10,000 – 20,000 catchment area | 55sq ft min
(55 pms) |
| for 30,000 | 80-90 sq ft
(80-90pms) |
- A lockable area with removable shelving



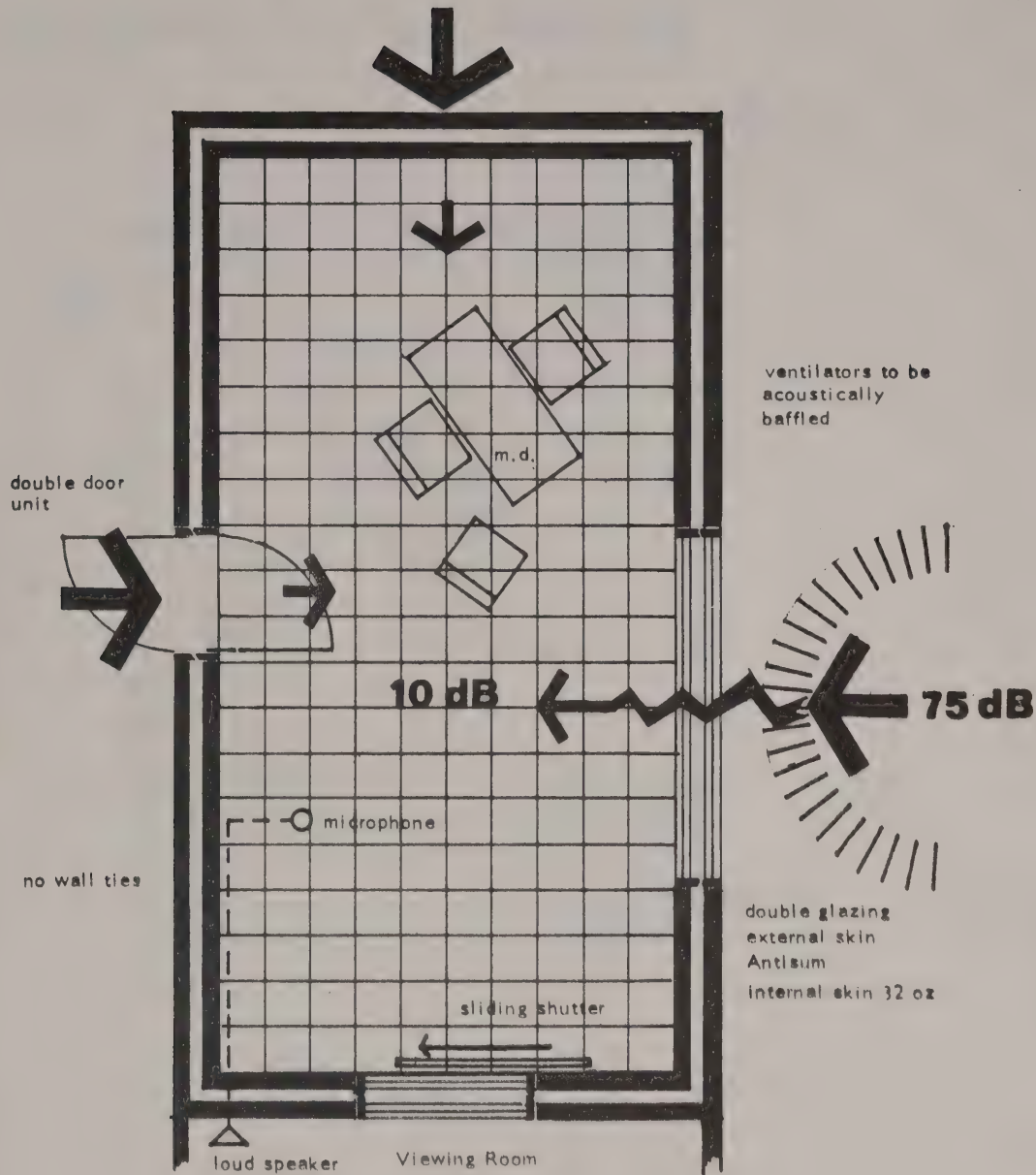
Welfare Foods Sales Room and Bulk Food Store

m = module 4" : 100mm

pm = planning module 12" : 300mm x 12" : 300mm

translation factor pms/sq. mms = .09

Fig. 31



Specialist Diagnostic and Therapy Room to have discontinuous double skin construction apply NCR. 10. approximately 65 dB reduction capability required
recommended area 200 sq ft (200 pms)



,300mm



4"



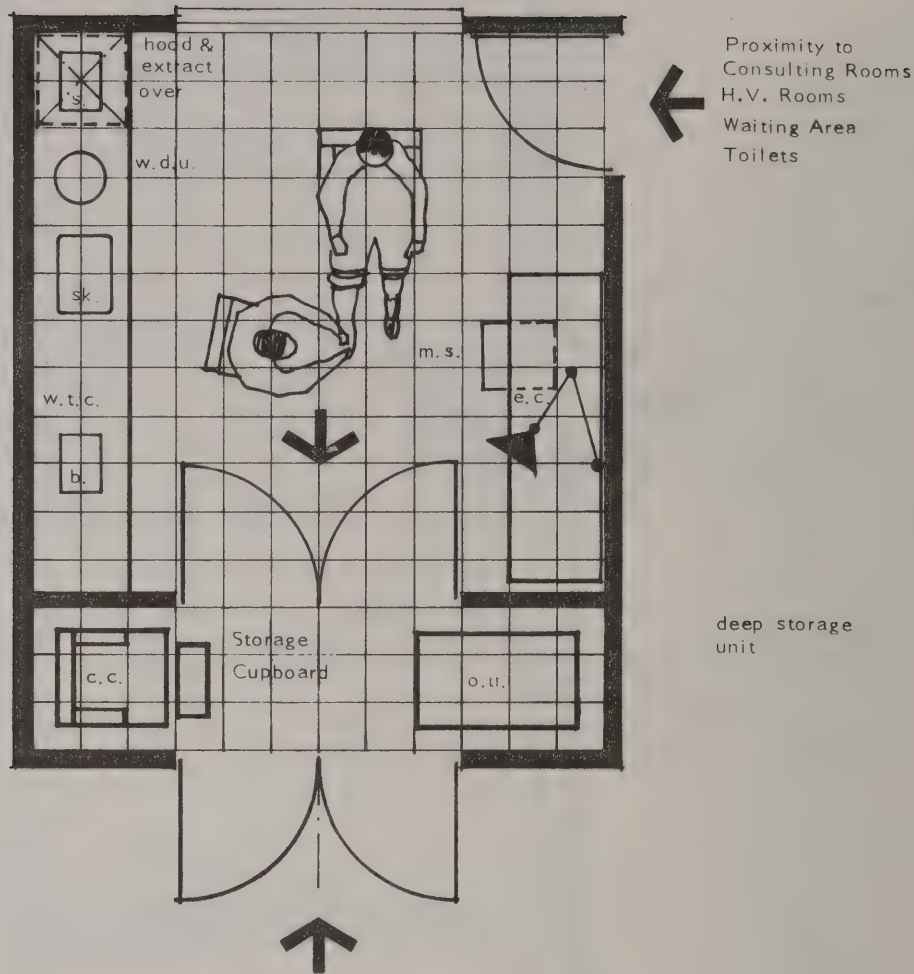
,100mm

Specialist Diagnostic and Therapy (multi-purpose) Room

m = module 4" : ,100mm

pm = planning module 12" : ,300mm x 12" : ,300mm

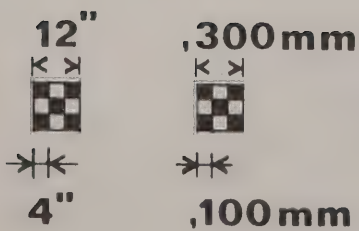
translation factor pms/sq. mms = .09



Specialist Treatments Room

Recommended area 144 sq ft (144 pms)

Note:— deep storage unit can be planned in conjunction with the Specialist Diagnostic and Therapy Room



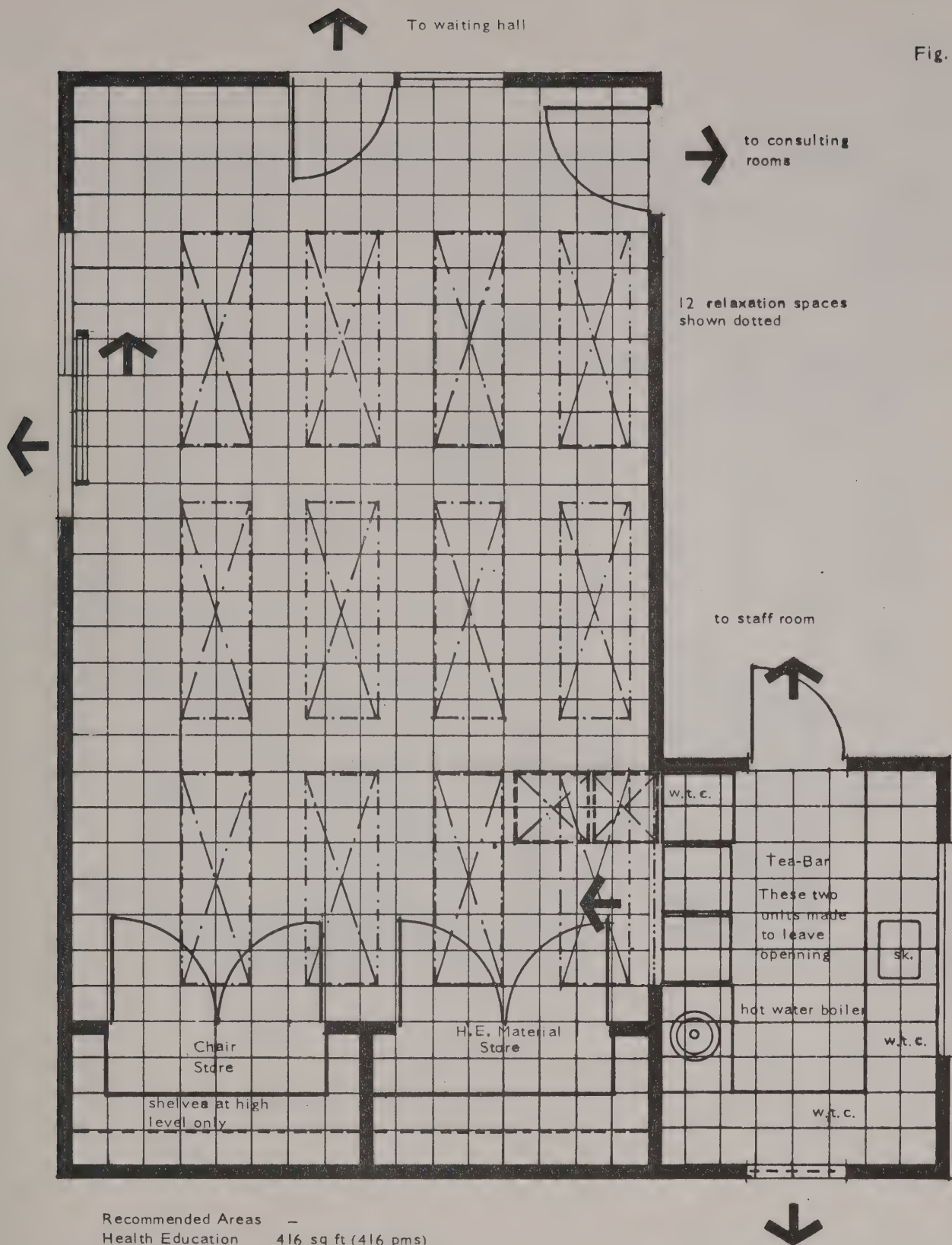
Specialist Treatments Room

m = module 4" : 100mm

pm = planning module 12" : 300mm x 12" : 300mm

translation factor pms/sq. mms = .09

Fig. 33

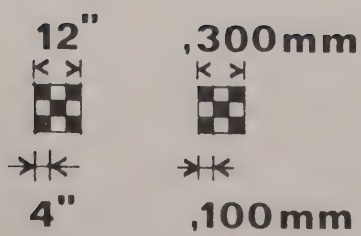
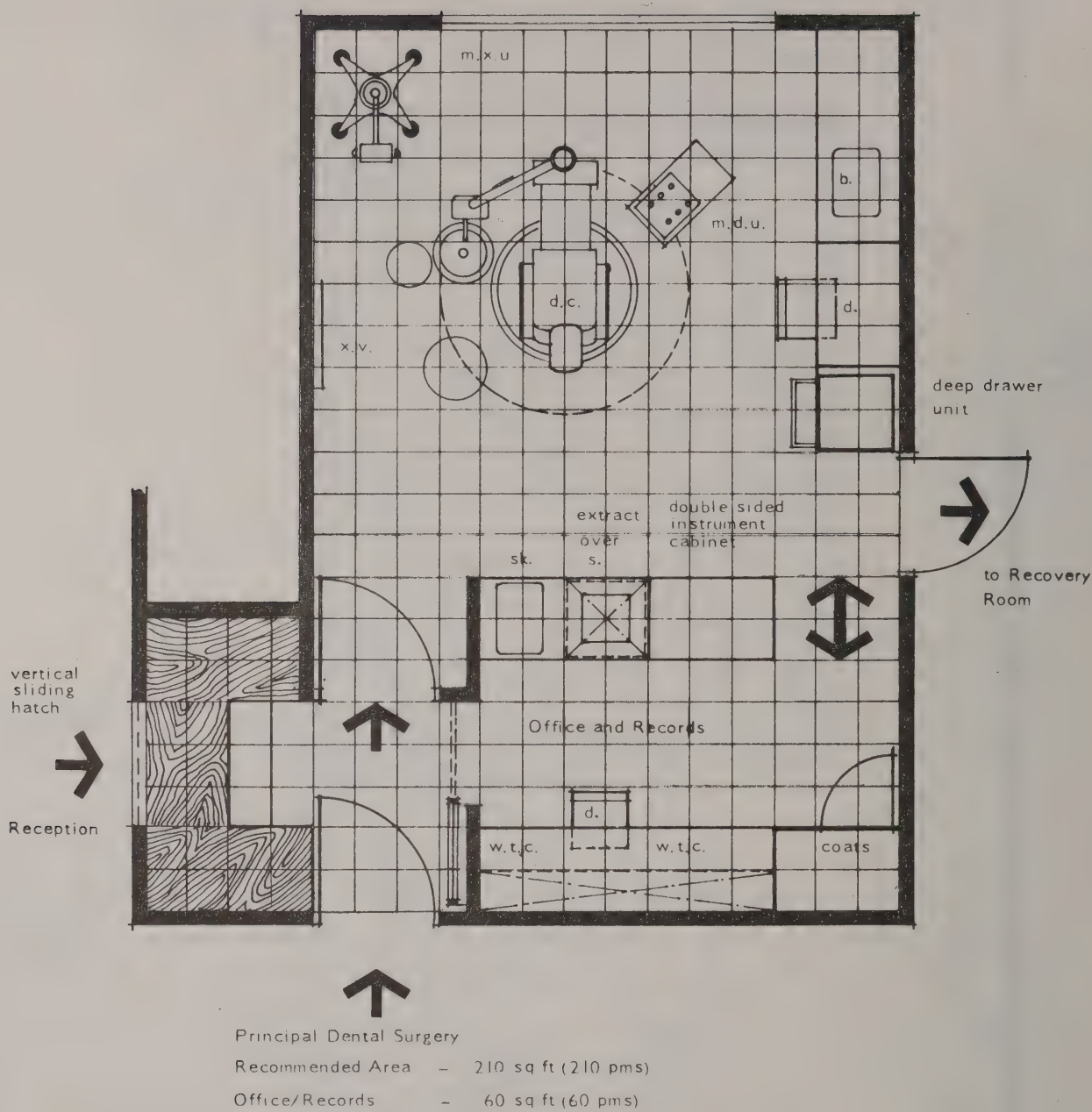


Recommended Areas —
 Health Education 416 sq ft (416 pms)
 Tea-Bar 85 sq ft (85 pms)

12" 3,300mm
 Health Education Area

4" 1,100mm

m = module 4" : 1,100mm
 pm = planning module 12" : 3,300mm x 12" : 3,300mm
 translation factor pms/sq. mms = .09



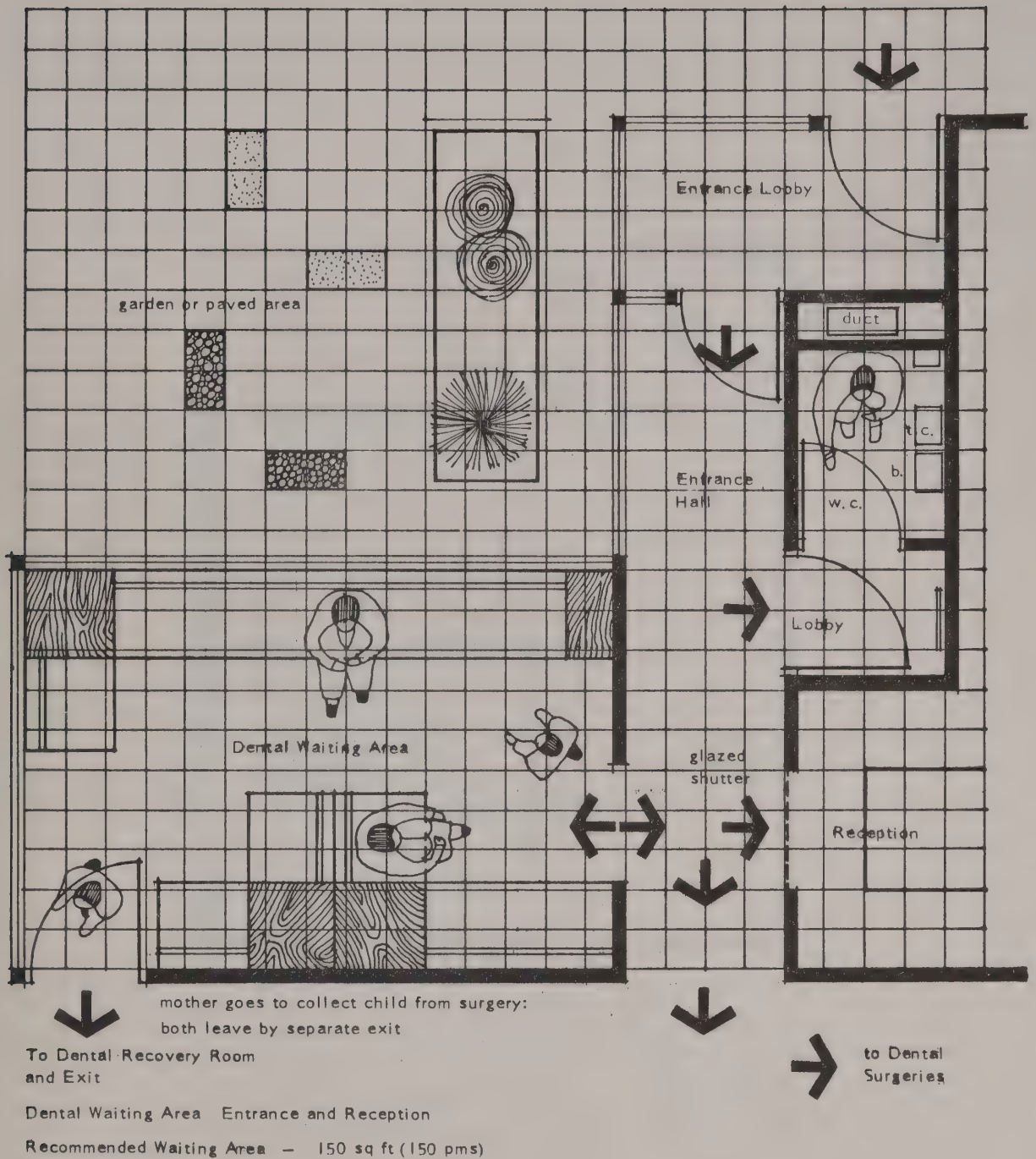
Principal Dental Surgery

m = module 4" : 100mm

pm = planning module 12" : 300mm x 12" : 300mm

translation factor pms/sq. mms = .09

Fig. 35



12" ,300mm



Dental Entrance, Reception and Waiting Areas



4"

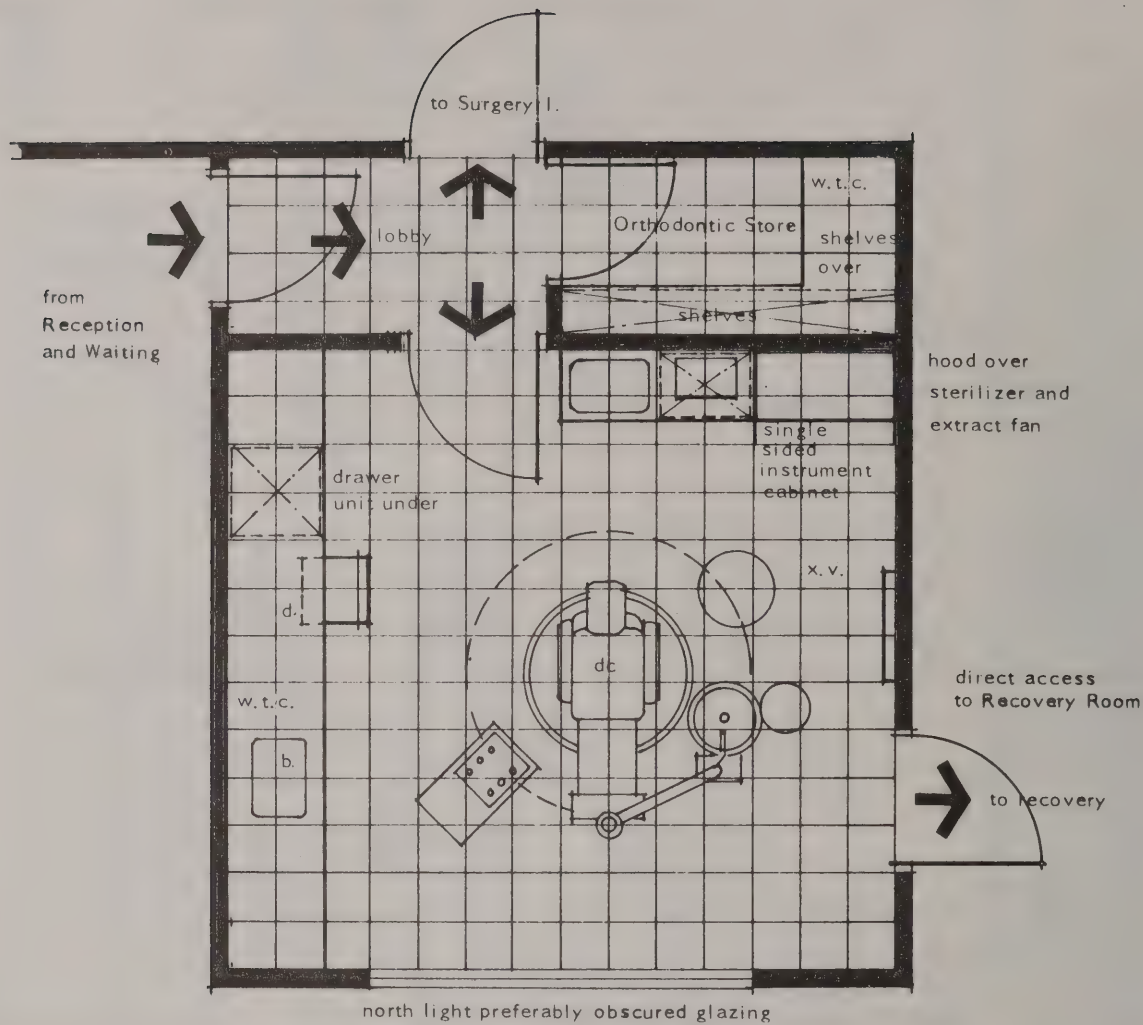


,100mm

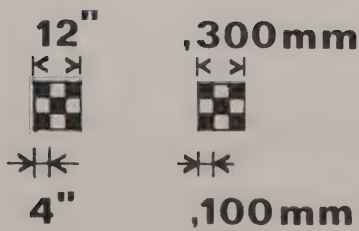
m = module 4" : ,100mm

pm = planning module 12" : ,300mm x 12" : ,300mm

translation factor pms/sq. mms = .09



Dental Auxiliary's Surgery
Recommended Area — 182 sq ft (182 pms)
additional area
for Orthodontic Store — 29 sq ft (28 pms)

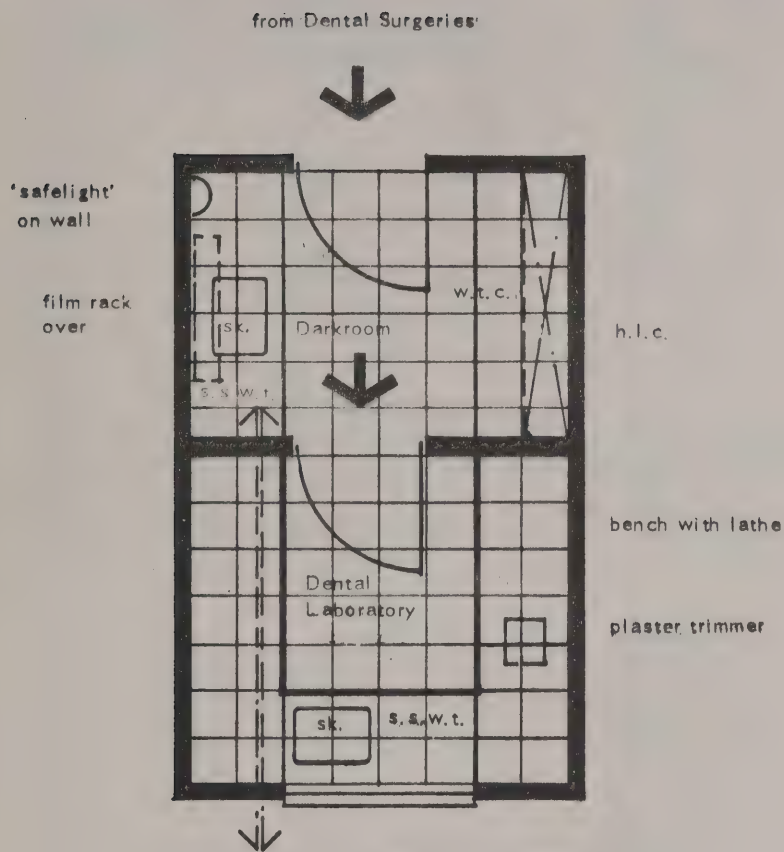


Dental Auxiliary's Surgery

m = module 4" : 100mm

pm = planning module 12" : 300mm x 12" : 300mm

translation factor pms/sq. mms = .09



Dental Laboratory and Darkroom for GP Practice

Recommended Area 104 sq ft (104 pms)

The Darkroom should be completely light proof with doors closed

Mechanical ventilation necessary

N.B. L.H.A. Laboratory and Darkroom need not be more than 50 sq ft (50 pms)

12" **,300mm**

4" **,100mm**

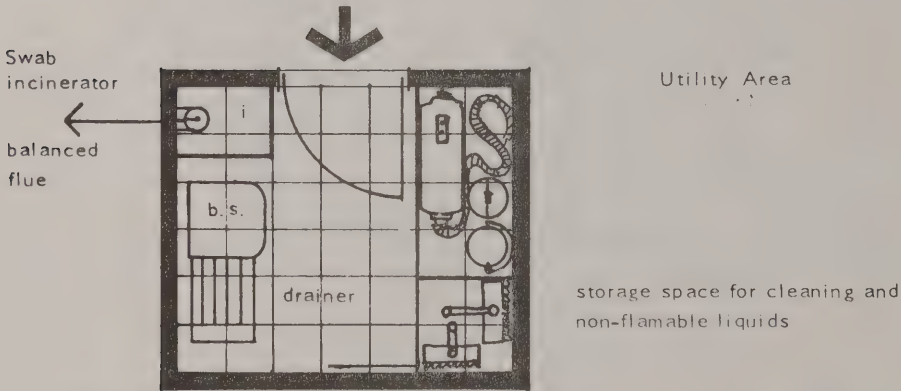
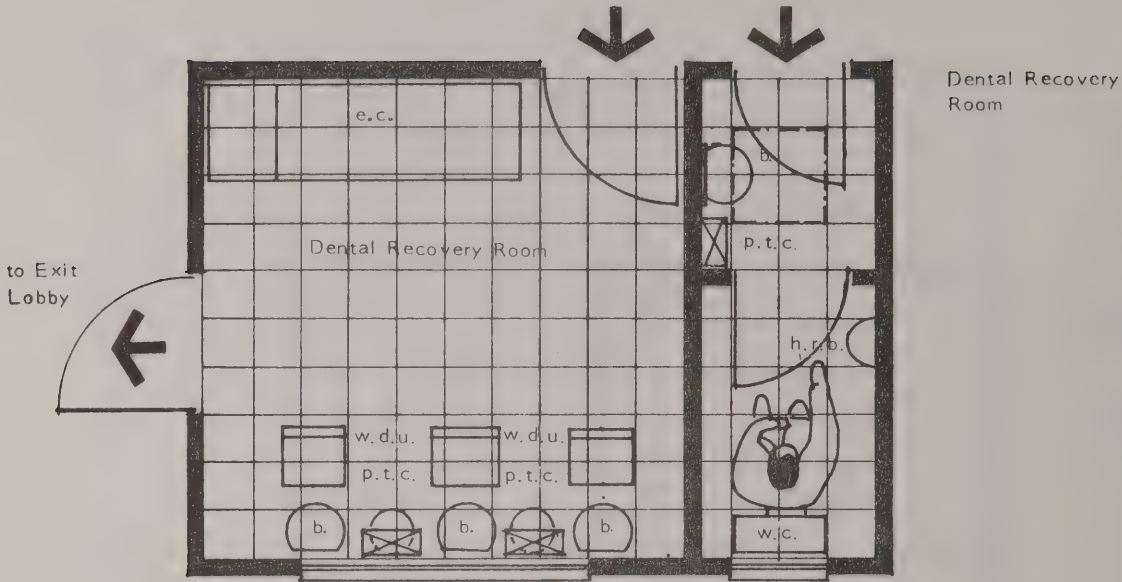
m = module 4" : ,100mm

pm = planning module 12" : ,300mm x 12" : ,300mm

translation factor pms/sq. mms = .09

Dental Laboratory and Darkroom

from Dental Surgeries



Dental Recovery Room
Recommended Area 100 sq ft (100 pms)

Utility Room
Recommended Area 42 sq ft (42 pms)

12"

4"

,300mm

,100mm

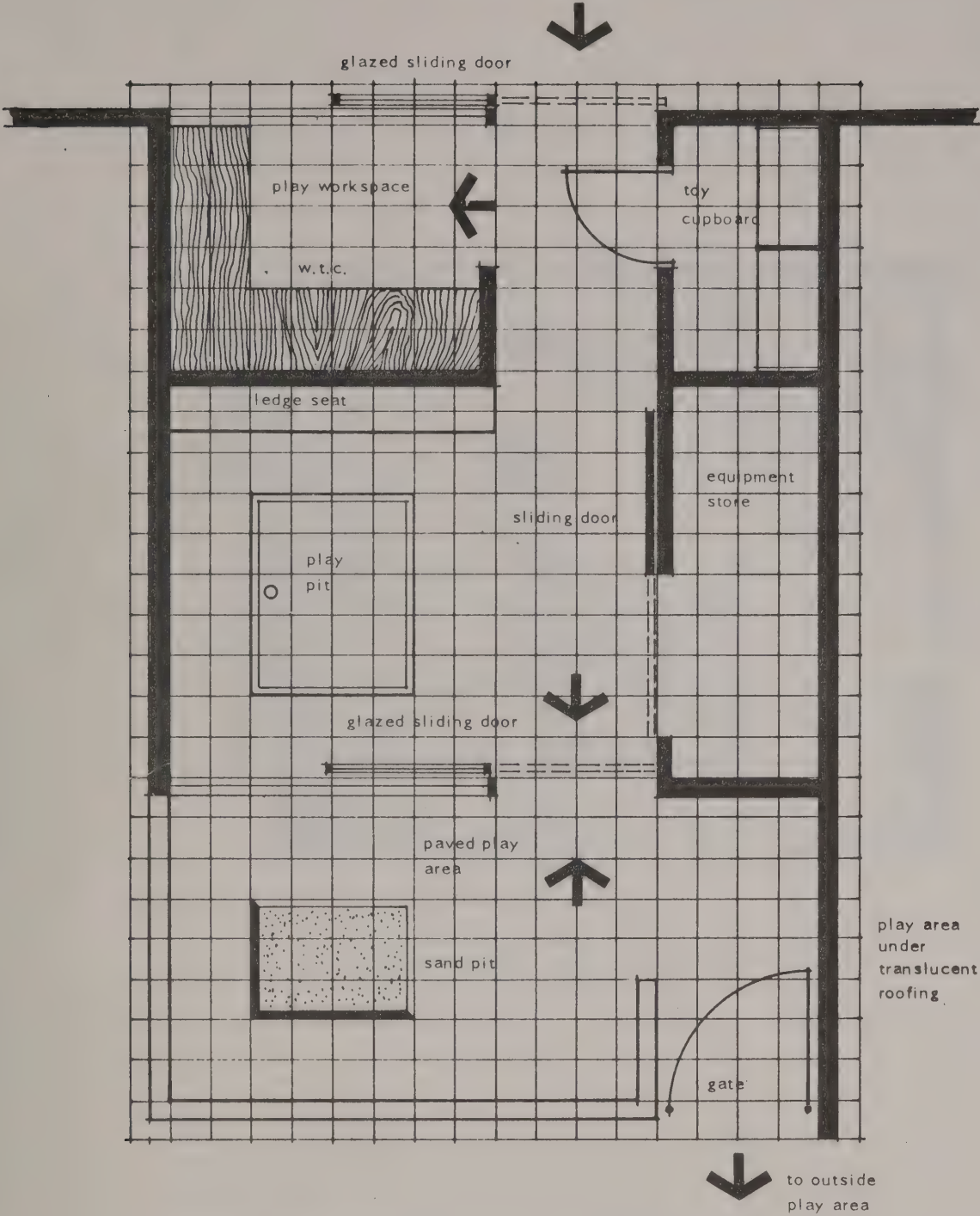
Dental Recovery Room and Utility

m = module 4" : ,100mm

pm = planning module 12" : ,300mm x 12" : ,300mm

translation factor pms/sq. mms = .09

Fig. 39



Workspace – recommended area	72 sq ft (72 pms)
Internal play space – recommended area	120 sq ft (120 pms)
Covered play space – recommended area	128 sq ft (128 pms)

12"

4"

300mm

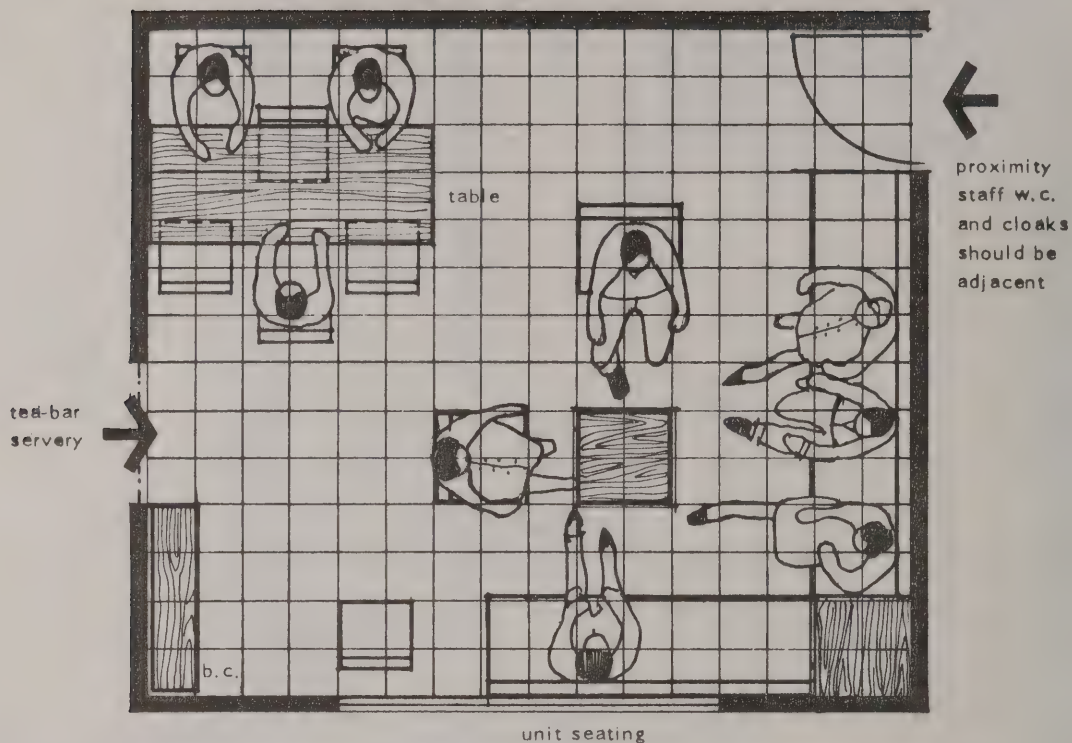
100mm

Play Therapy Spaces

m = module 4" : 100mm

pm = planning module 12" : 300mm x 12" : 300mm

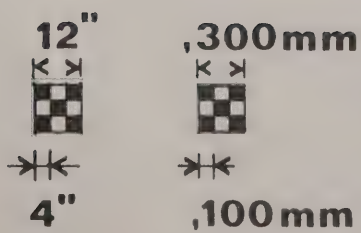
translation factor pms/sq. mms = .09



Staff Common Room

4-6 Consulting Suite Standard

Recommended area 224 sq ft (224 pms)



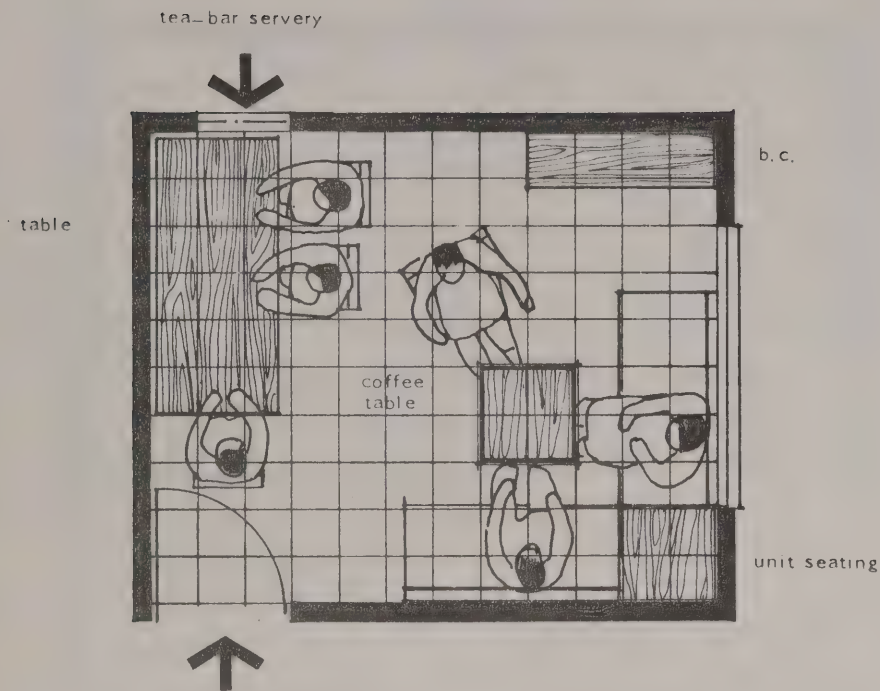
Staff Common Room (4-6 Consulting Suite Standard)

m = module 4" : 100mm

pm = planning module 12" : 300mm x 12" : 300mm

translation factor pms/sq. mms = .09

Fig. 41

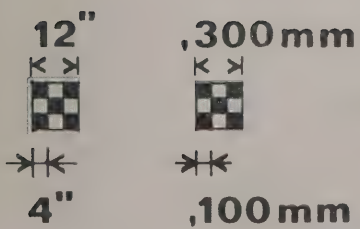


proximity

Staff Lavatories and Cloaks

Staff Common Room (minimum size)

minimum recommended area 120 sq ft (120 pms)

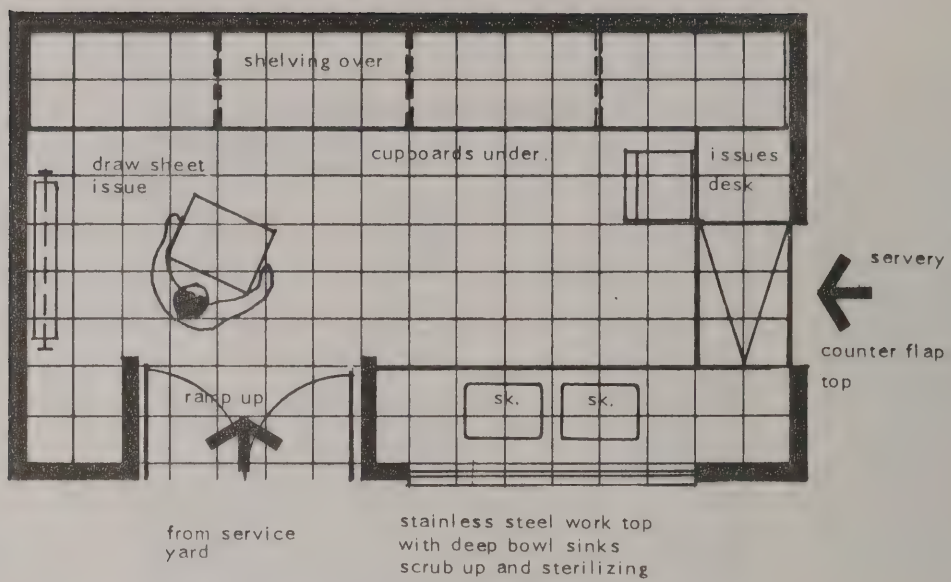


Staff Common Room (minimum size)

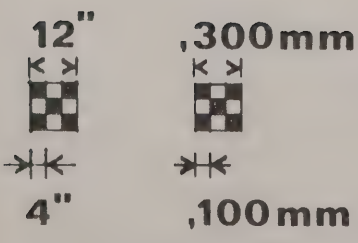
m = module 4" : ,100mm

pm = planning module 12" : ,300mm x 12" : ,300mm

translation factor pms/sq. mms = .09



Nursing Equipment Loan Store
Primary Health Centre
recommended area 134 sq ft (134 pms)
Storage for :— air rings
bed cradles
bed pans
bed rests
foam cushions
foam rings
incontinent pants
urinals
feeding cups
fracture boards
draw sheets
incontinent sheets
pant interliners
Recommended area 134 sq ft (134 pms)



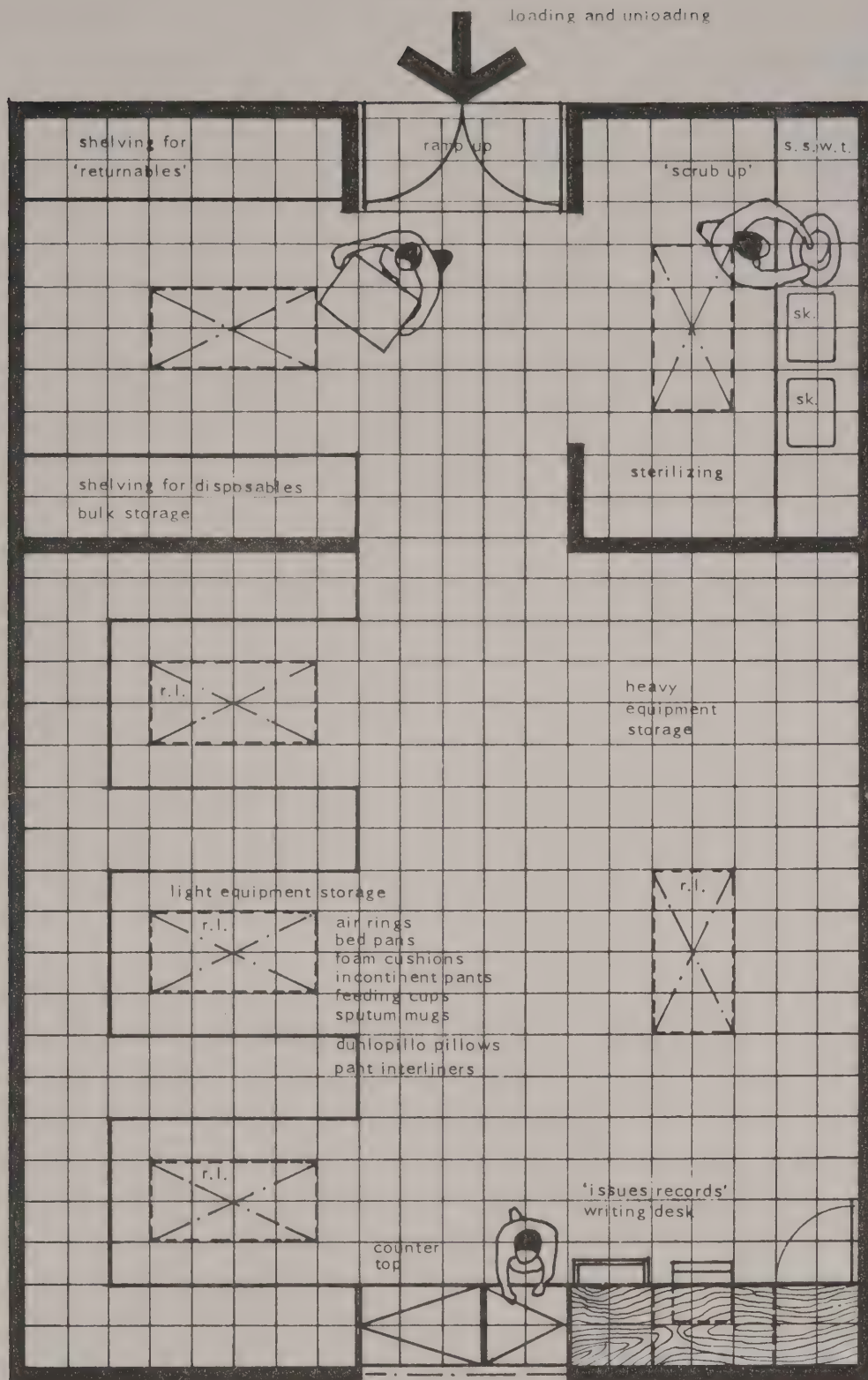
Nursing Equipment Loan Store (Primary Health Centre)

m = module 4" : 100mm
pm = planning module 12" : 300mm x 12" : 300mm
translation factor pms/sq. mms = .09

from service yard

loading and unloading

Fig. 43



Bulk Storage 80 sq ft (80 pms)

Sterilizing Area 70 sq ft (70 pms)

Heavy Storage 400 sq ft (400 pms)

internal issues



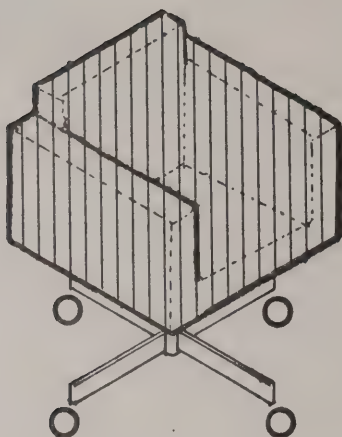
Nursing Equipment Loan Store (Secondary Health Centre)
Central Supply

m = module 4" : 100mm

pm = planning module 12" : 300mm x 12" : 300mm

translation factor pms/sq. mms = .09

FURNITURE
REQUIREMENTS



- 1** Desk Chair
 Approx. 30" - 32"H x 24"W x 24"D
 Adjustable seat ht. Castors on base
 Upholstered seat, back, arm rests

- 1a** As above, without arms



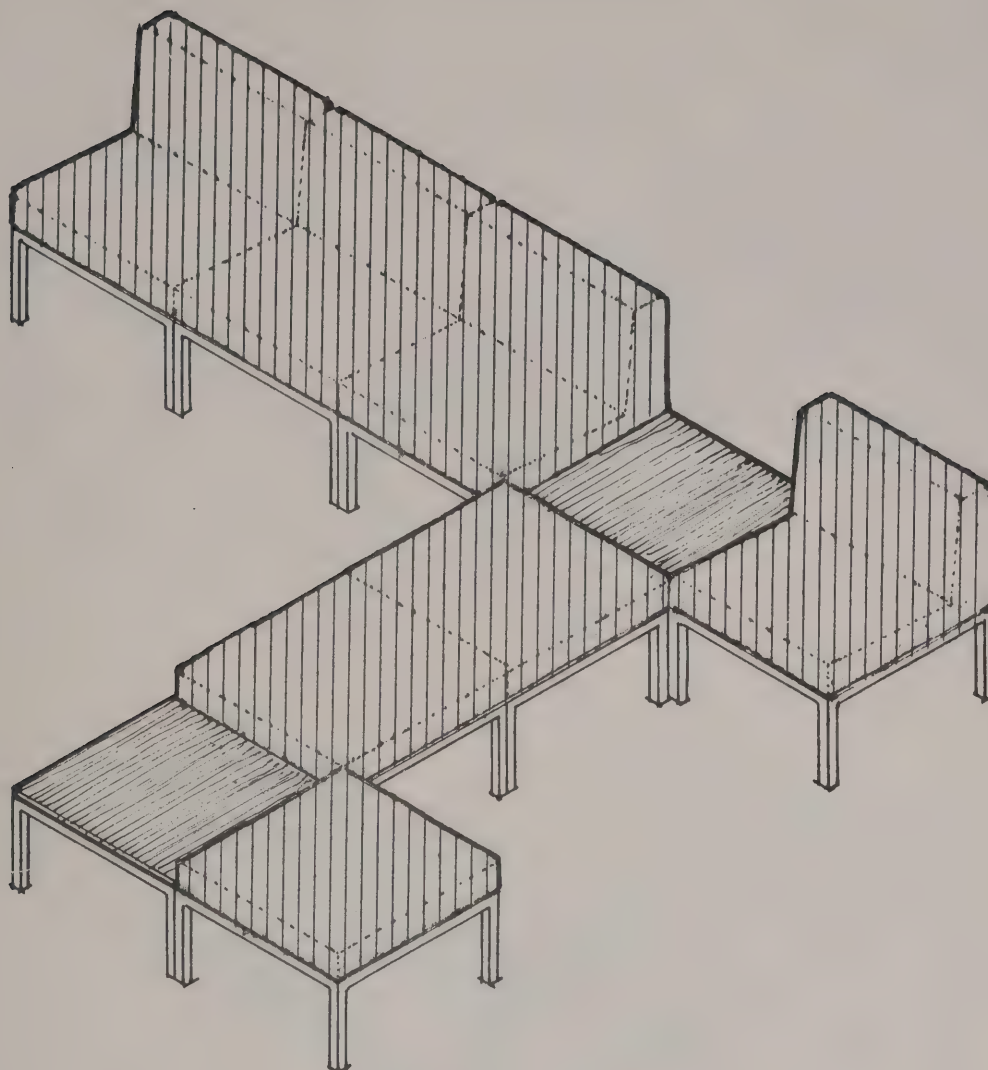
- 2** Office/Clerical Chair
 Approx. 30"H x 18"W x 18"D
 Adjustable seat ht. & back 15" - 20" st. ht.
 Upholstered seat & back. To swivel

- 2a** As above, 20" - 30" st. ht.



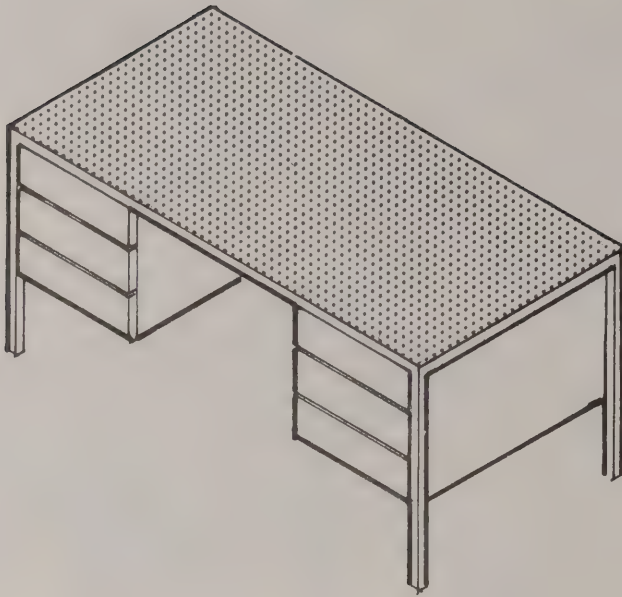
- 3** Stacking Chair
 Approx. 30"H x 18"W x 18"D
 17" seat ht.
 To stack

- 3a** As above.
 Impervious upholstery on seat & back.



- 4** Unit seats/Tables/Stools
 Approx. 27"W x 27"D x 28" back ht. 17" seat ht.
 Impervious Upholstery on seat & back.
 Natural timber table top

- 4a** Seat unit with arm rests to relate to above



5

Desk

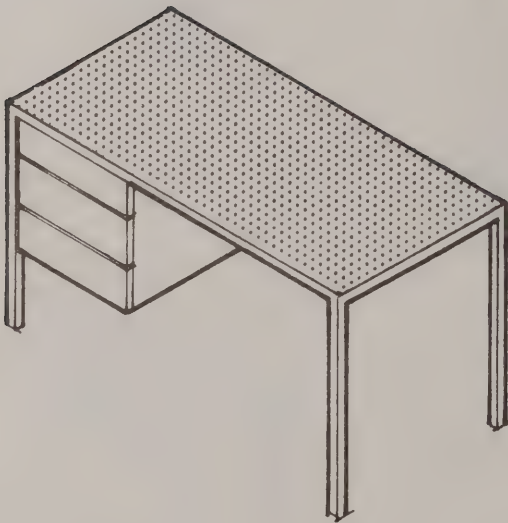
Approx. 54" - 60"L x 24" - 30"W
x 28"H..

Lino top

2 Storage pedestals

3 Drawers to each pedestal

Drawers to lock



5a

As above. 1 Pedestal with
1 drawer + Foolscap filing drawer.

6

Desk

Approx. 48" - 54"L x 24"W x 28"H

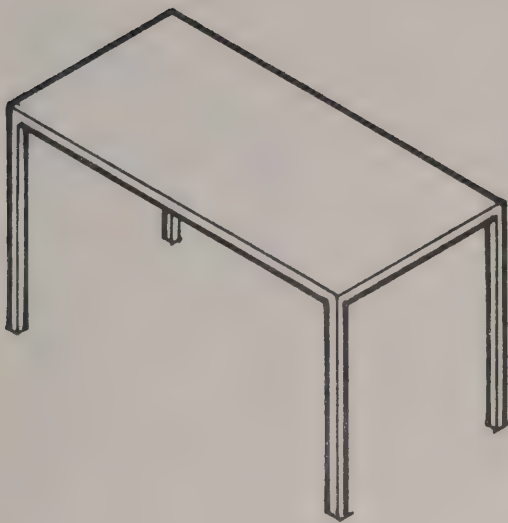
Lino Top

Single Pedestal with 3 drawers

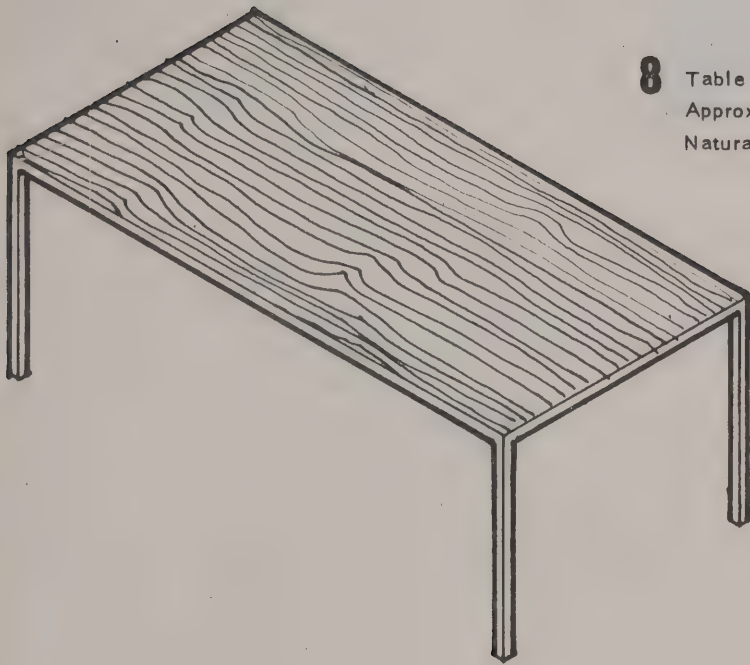
Drawers to lock

6a

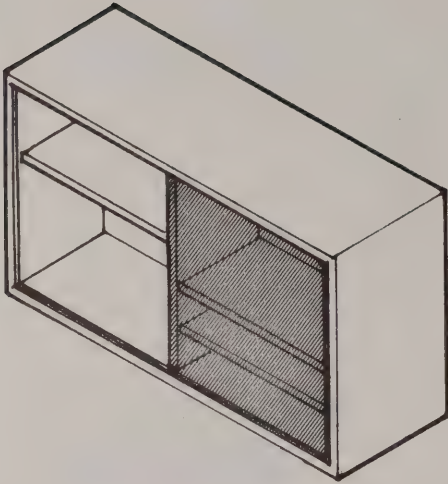
As above. Pedestal with
1 drawer + Foolscap filing drawer.



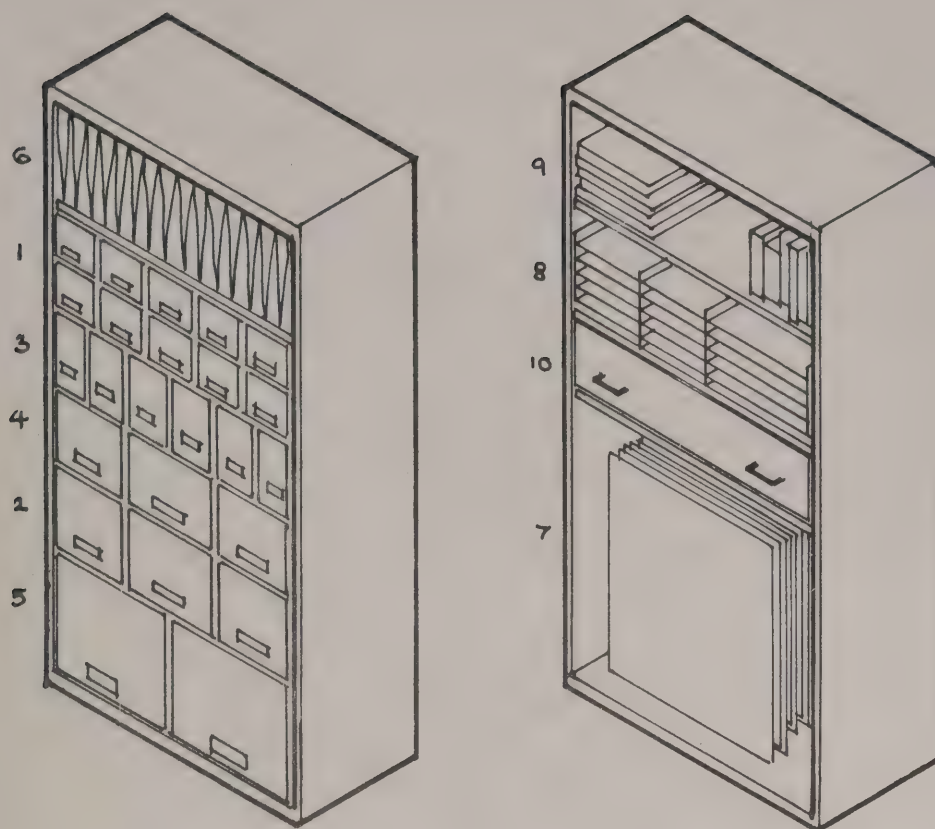
7 Table
Approx. 48"L x 24"W x 28"H
Plastic laminate top
To stack



8 Table
Approx. 72"L x 36"W x 28"H
Natural timber top



- 9** Bookcase/Cupboard unit
Approx. 48"W x 16"D x 28"H (Desk Ht.)
Adjustable shelves
Glass sliding doors, One leaf clear; the other opaque.
Doors to lock.



10

Filing Cabinet

Approx. 72" - 78"H x 36"W x 18"D. P.V.C. Roller blind/Roller shutter to lock.

Internal provision above to illustrate flexibility required:

1. Card Drawer/Immunisation cards (6" x 4")
2. " " /Child welfare cards, dental cards (10" x 8")
3. " " /Chiropody cards (8" x 5")
4. " " /Infant welfare cards, care of elderly cards (8" x 6½")
5. " " /T.B. Cards, misc. foolscap (T.B. 12¼" x 8")
6. Lateral Filing/Misc. foolscap
7. Plan File Frame/Posters — N.B. Expensive use of filing space
8. Dispensers/Stationary
9. Shelf/Books, Magazines
10. Drawer/Misc. items.

N.B. Detailed specification of internal provision can only be made when there is a detailed specification of items, sizes quantities, filing policies etc.

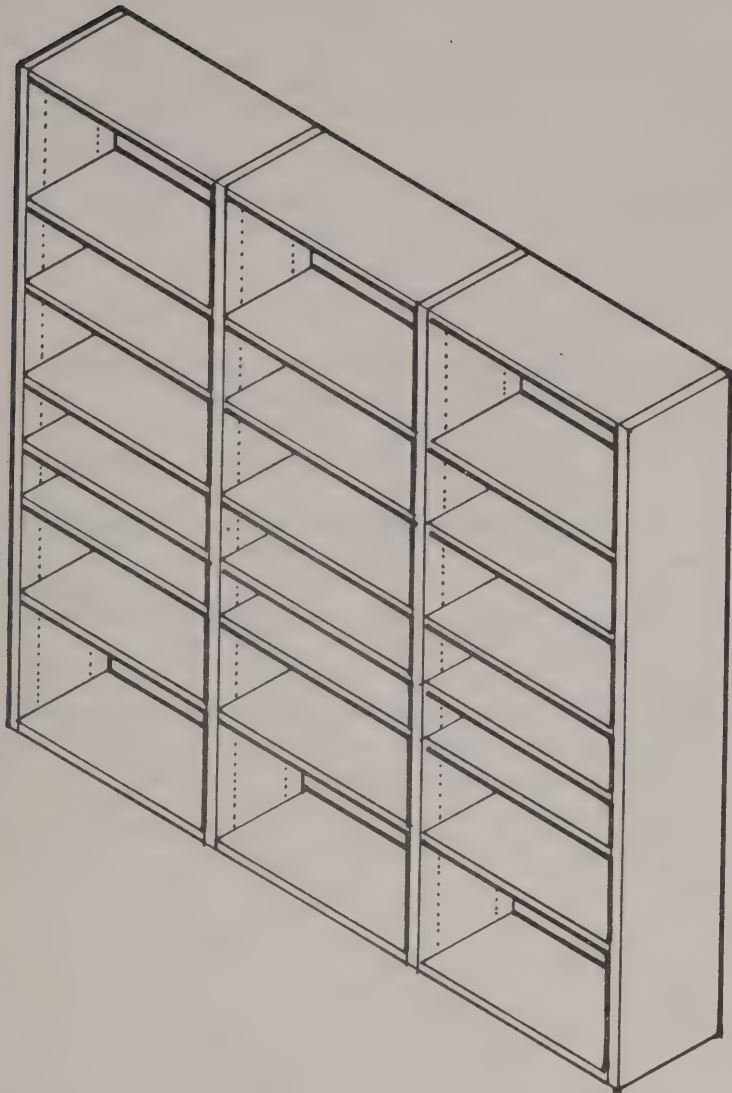
10 Filing Continued.

General Note.

At present, there are a large number of cards/papers of different shapes and sizes that need to be filed and stored. It is difficult to say if and when standardisation of sizes will come, and how far it will go. It is also difficult to predict future filing policies (i.e. cards filed according to service/person/family) and for these reasons it is necessary to have a filing system which meets existing demands, yet is flexible enough to adapt to future requirements in the simplest and most economical way.

One standard type of cabinet with internal provision for different card/paper sizes, filing methods, is better than a number of separate cabinets (trays, drawers) considering appearance and ease/economy of alteration in the light of future changes — only the internal provision need be changed.

N.B. Card drawers not accessible above 4' 6"



11 Store Shelving

a	12" Depth
b	15" "
c	18" "
d	21" "
e	24" "
f	30" "

See next sheet for details

Store Shelving Continued

General Note

All shelving to be adjustable

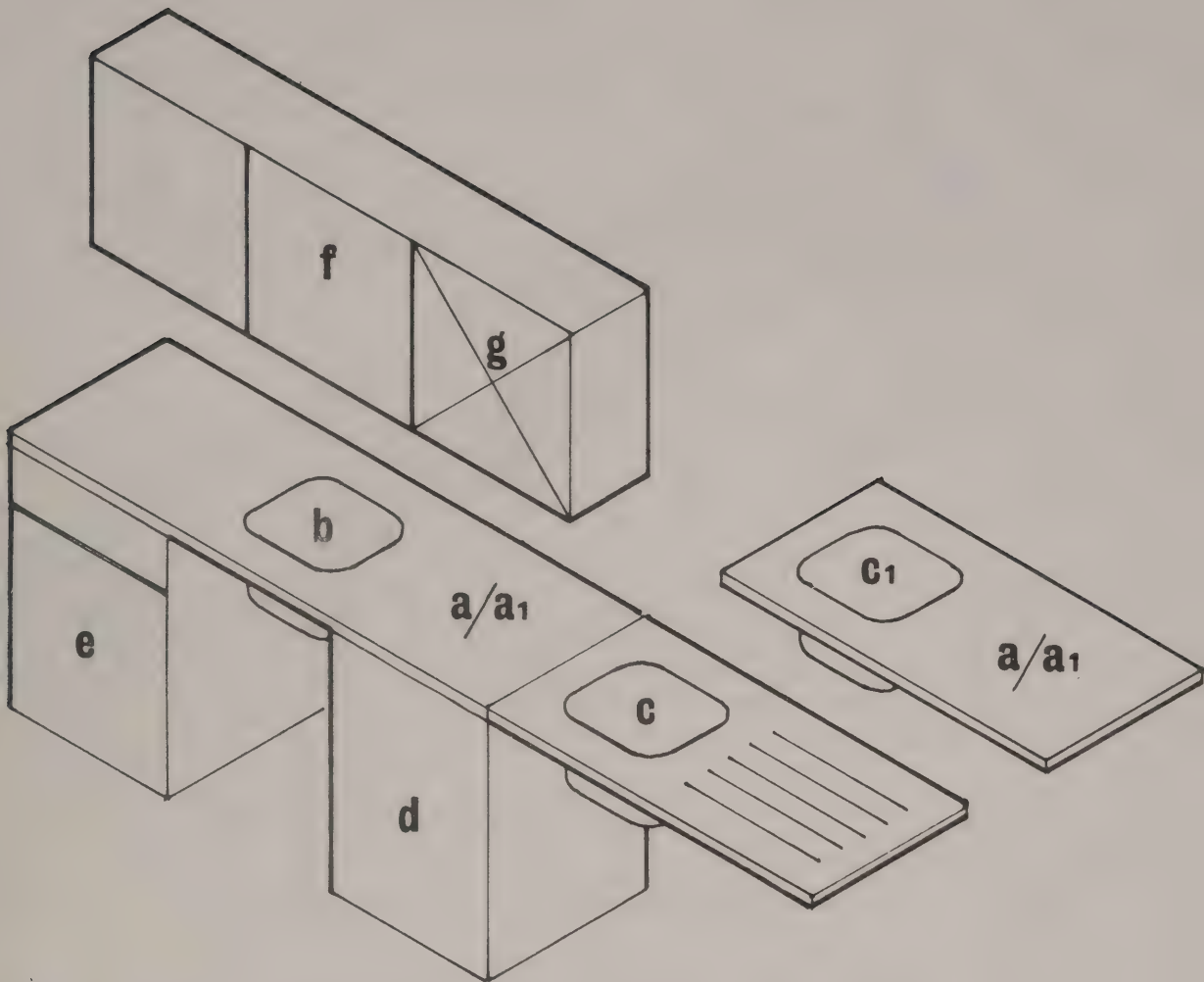
An advantage to have straight runs of shelving with clear access from any point at front. (Bends in shelving/difficult access mean dead storage areas)

Shelves must not be supported by brackets that interfere with storage space on shelf below.

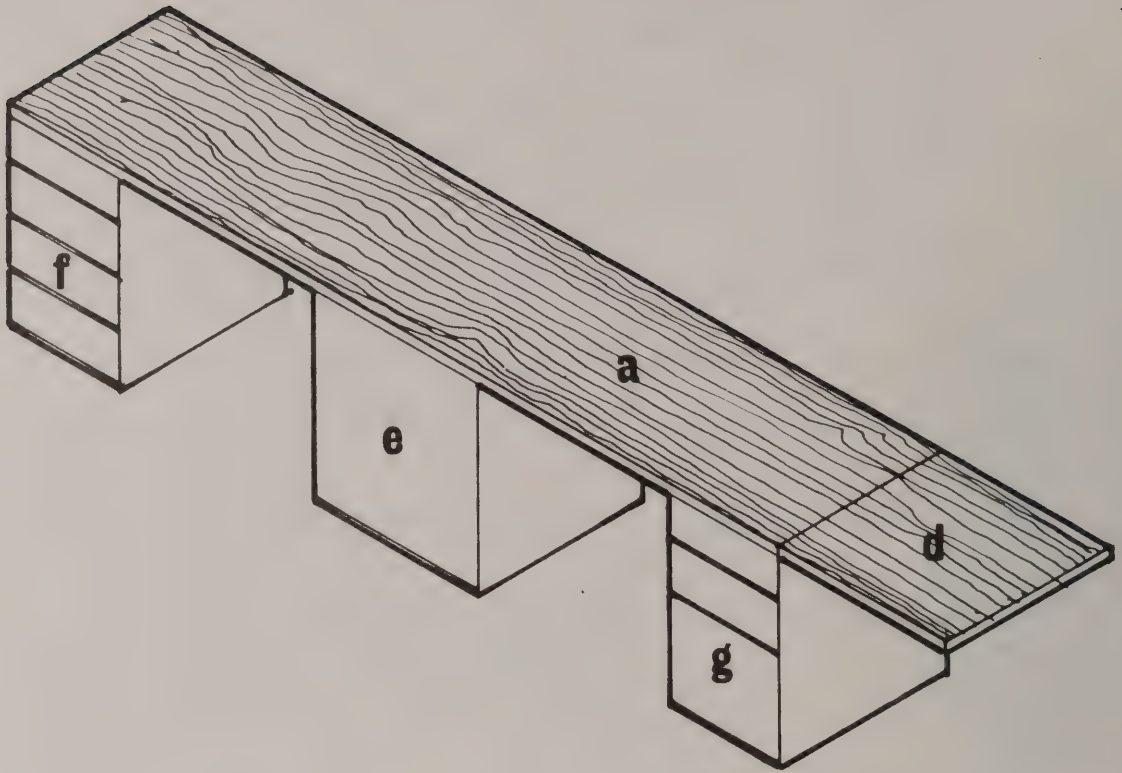
Shelf units must not contain any service runs negating flexibility or fittings restricting full use of storage space.

Shelves must not be of the slatted type — materials do not slide easily and may be damaged, use solid shelving.

Except for Orthodontic store, chemical resistant surfaces (i.e. plastic laminate, glass, stove enamelled metal) are not essential, but shelves must be washable/easily cleaned. Natural timber suggested with plastic finish or sealer.



- 12 a** Worktop. 24"D x 34" - 36"H Plastic laminate surface
a₁ Worktop. 24"D x 34" - 36"H Stainless steel top integral with bowl unit
b Stainless steel wash basin for above.
c Stainless steel sink and drainer
c₁ Stainless steel sink
d Under worktop cupboard unit approx. 24"W x 21" - 24"D. Doors to lock
 Adjustable shelves metal/plastic faced or similar chemical resistant surface
e Under worktop unit as above, plus 1 drawer
f High level cupboard unit approx. 24"W x 12"D x 24"H. Top of unit 78" from ground
 adjustable shelves metal/plastic/glass or similar surface. Doors to lock
g Poison cupboard as above. Marked 'Poison'.



13 a Worktop 24"D x 28"H. Natural timber surface. Polyurethane/Melamine finish.

b As above 24"H.

c As above 34" - 36"H.

d Flap for above. min. 24"W.

e Under worktop cupboard unit. approx. 24"W x 21" - 24"D. Doors to lock.
Fitted with adjustable shelves.

f Under worktop drawer unit. approx. 16" - 18"W x 21" - 24"D. Drawers to lock.

g Under worktop unit as above — deep filing drawer. Drawers to lock.

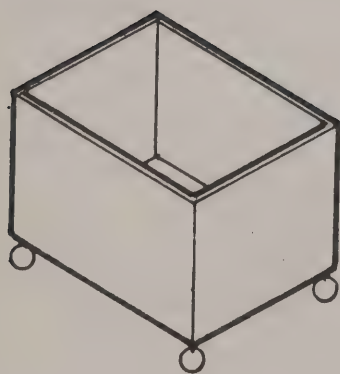
Knee/ chair space between storage units min. 24"
Approx. 4 lin. ft. worktop per person.



- 14** Nursing Chair
 Approx. 18"W x 18"D x 33"H.
 Seat Ht. 15" seat D. 15" back Ht. 20"
 Impervious upholstery on seat and back



- 15** Childs Chair (3-5 yr. old)
 Approx. 12"W x 11"D x 20"H.
 9½" - 10" seat ht.
 To stack



- 16** Mobile Toy Box.
 Approx. 27" - 30"L x 18" - 24"W x 15" - 18"H.
 On castors

Approximate sizes of other Items

A	Instrument Trolley	30"L x 18"W x 34"H
B	Couch	72"L x 24" - 30"W x 30"H
C	Footstool for above	24"L x 12"W x 9½"H
D	Baby Scales	26"W x 32"D x 42"H
E	Scales/Ht.measure	22"W x 22"W x 90"H
F	Refrigerator	20"W x 20"D x 24"H
G	Waste Disposal Unit	12"W x 12"D x 24"H
H	Chiropody Chair	42"D x 25"W x 44"H
I	Chiropodist Chair	17"D x 16"W x 27"H
J	Ch. Instrument Trolley	18"L x 20"W x 34"H
K	Ch. Steel Cabinet	36"L x 18"W x 48"H
L	Dental Instrument Cabinet/Worktop	35"W x 13"D x 41"H
M	Swing Boat (Largest common toy)	50"L x 18"W x 20"H
N	Dental Chair	60"L x 48"W

GUIDE TO DISTRIBUTION AND ACCOMMODATION OF FURNITURE RECOMMENDED

AREA	FURNITURE	REF. TO DIAGRAMS/NOTES
Consulting Suite	Doctor's chair	1 or 1a
	Patient's chair	3a
	Doctor's desk	5 or 5a
	Bookcase/cupboard	9
	Couch and footstool	B and C
	Medical trolley	A
Health Visitor's Examination Room	Health Visitor's chair	1 or 1a
	Patient's chair	3a
	Health Visitor's desk	5 or 5a
	Couch and footstool	B and C
	Medical trolley	A
	Baby scales	D
Health Visitor's/ District Office	Health Visitor's chair	1 or 1a
	Patient's chair	3a
	Health Visitor's desk	6 or 6a
	Bookcase/cupboard	9
	Filing cabinet	10
Waiting bay	Unit seats/tables/stools	4
Medical Treatment Room	Nurse's desk	6 or 6a
	Nurse's chair	1a
	Patient's chair	3a
	Couch and footstool	B and C
	Medical trolley	A
	Worktop and sink	12a, 12a ₁ and 12c ₁
	Storage under worktop	12d
	High level storage	12f and 12g
	Allow under worktop for waste disposal unit	G
	Refrigerator	F
Dispensary	Worktop and sink	12a, 12a ₁ and 12c ₁
	Storage under worktop	12d
	High level storage	12f and 12g
	Allow under worktop for waste disposal unit	G
	Refrigerator	F
	Worktop	13c
	Storage under worktop	13f and 13g
	Chair	2a
	Medical bulk store shelving	11b - c

AREA	FURNITURE	REF. TO DIAGRAMS/NOTES
Reception/Record Office	Worktop Storage under worktop Office chair Filing cabinet	13a 13e and 13f 2 10
Welfare foods	Sales worktop and flap Storage under worktop Worktop Storage under worktop High level storage Bulk foods store	13c and 13d 13f/13g 12a 12d 12f 11c - 11e
Specialist Treatments Room	Worktop and sink Storage under worktop High level storage Allow under worktop for waste disposal unit Couch and footstool	12a, 12b and 12c ₁ 12d 12f G B and C
Health Education Area	Store shelving Equipment store to take chairs tables nursing chairs	11a and 11e 3 or 3a 7 14
Tea-Bar	Worktop and sink Storage under worktop High level storage Allow under worktop for waste disposal unit Also for refrigerator Tea/coffee making equipment to be provided	12a and 12c 12d and 12e 12f G F
Dental Surgery	Worktop and sink Storage under worktop Instrument cabinet Desk Chair	12a, 12b, 12a ₁ and 12c ₁ 12d L 6/6a or 13a and 13f or 13g 2
Office and Records	Worktop and flap Storage under worktop Filing cabinet	13 a and 13d 13e 10
Reception	Worktop Storage under worktop	13a 13f, 13d and 13g

AREA	FURNITURE	REF. TO DIAGRAMS/NOTES
Dental Auxiliary's Room	Worktop/sink unit Worktop/desk Storage under worktop Instrument cabinet Orthodontic store Chair	12a and 12b, 12a ₁ and 12c ₁ 6/6a or 13a and 13f or 13g 12d L 11a 2
Dental Laboratory and Darkroom	Worktop and sink Storage under worktop High level storage Developer sink	12a, 12a ₁ and 12c 12d 12f
Recovery Room	Couch and footstool	B and C
Cleaner	Worktop and sink Shelving	12a and 12c 11e
Play Therapy	Toy Cupboard Shelving Equipment store to take large toys, chairs etc. Worktop Storage under worktop	11d/e 16, M 15 13b 13e
Staff	Unit seats, tables/stools, chairs Bookcase/cupboard unit Table Chair for above	4/4a 9 8 3a
Nursing Loan Store	Shelving Worktop and sink Worktop and flap Storage under worktop	11a and 11e 12a and 12c 13c and 13d 13g

GLOSSARY OF ABBREVIATIONS TO FINISHES GUIDE

Walls

e. p.	Emulsion painted
c. t.	Ceramic tiled
v. s. f.	Vinyl spray finish (e. g. "Plastapak")
t. p.	Timber panel
c. f.	Cloth finish
w. p.	Washable paper
bwk	Fairface brickwork

Floors

R. V. S.	Resilient Vinyl Sheet (with latex or felt backing)
V. T.	Vinyl Tile (on screed)
Q. T.	Quarry Tile
N. C.	Nylon Carpet (e. g. "Tapisom")
P. V.	Paviors
R. R.	Ribbed Rubber

Ceiling

S/SEAC	Standard SEAC
L. p.	Illuminated panel (with roof-zone acoustic seal)
T. s.	Translucent sheeting

Worktops

s. s.	Stainless Steel
n. t. s.	Natural Timber Surface
m. s.	Melamine surface
l. t.	Lino top

Room Designation	Walls	Floors	Ceiling	Working Surfaces	Remarks
Consulting Suites and Examination Room	e.p. w.p. & c.t.	R.V.S./N.C.	L.p.	L.t.	
Medical Treatment Room	e.p./v.s.f. & c.t.	R.V.S.	L.p.	s.s. m.s. & L.t.	
Dispensary	e.p./v.s.f. & c.t.	R.V.S.	L.p.	s.s. m.s. & L.t.	
Entrance Lobby	t.p. w.p. or glazed	R.R.	S/SEAC		
Pram Shelter	bwk	P.V.	T.s.		
Reception Records Office	e.p. t.p.	R.V.S.	L.p.	n.t.s.	
Waiting Areas	t.p./c.f. & full height glazing	R.V.S./N.C.	S/SEAC		Where possible large areas of full height glazing.
Toilets	e.p./v.s.f. & c.t.	V.T./Q.T.	S/SEAC + roof light		
Health Visitor's Interview Room	e.p. w.p. & c.t.	R.V.S./N.C.	L.p.	L.t.	
Health Visitor's/District Office	e.p. t.p. w.p.	N.C.	L.p.	L.t.	
Specialist Treatments Room	v.s.f./e.p. & c.t.	R.V.S.	L.p.	s.s./m.s.	
Specialist Diagnostic and Therapy Room	t.p. ¹ /c.f.	N.C.	S/SEAC + acoustic board facing		Ceiling must have high db reduction factor. 1. Walls - acoustic panelling.
Health Education Area	e.p./t.p./w.p.	R.V.S./N.C.	S/SEAC with roof lights		
Tea-Bar	e.p. & c.t.	R.V.S.	L.p.	s.s. m.s.	
Welfare Foods Sales Room & Bulk Storage	e.p.	R.V.S.	L.p. & S/SEAC	n.t.s.	

Room Designation	Walls	Floors	Ceiling	Working Surfaces	Remarks
Nursing Equipment Loan Store	v. s. f. c. t. e. p.	V. T.	S/SEAC with roof lights	s. s. and l. t.	Shelving m. s. or v. s. f.
Play Therapy Room	e. p. and bwk ²	V. T. and P. V	S/SEAC with roof ₃ lights & T. s.	n. t. s.	2. Scribbling area to dado height. 3. to covered play space.
Principal Dental Surgery	v. s. f. /e. p. & c. t.	R. V. S.	L. p.	s. s. and l. t.	m. s. or v. s. f. to shelves.
Auxiliary Surgery and Orthodontic Store	v. s. f. /e. p. & c. t.	R. V. S.	L. p.	s. s. and l. t.	ditto
Dental Recovery Room	e. p. /v. s. f. & c. t.	R. V. S.	L. p.		
Dental Laboratory and Dark Room	v. s. f. /e. p. & c. t.	V. T.	S/SEAC	s. s. and m. s.	
Reception and Records Office	e. p. t. p.	R. V. S.	L. p.	n. t. s.	
Staff Common Room	e. p. /t. p. /c. f. /w. p.	R. V. S. /N. C.	L. p.	n. t. s.	All furniture n. t. s.
Staff Toilets	e. p. /v. s. f. & c. t.	V. T. or Q. T.	S/SEAC + roof light		
Cleaners' Closet	e. p.	V. T. /Q. T.	S/SEAC	s. s. & white glazed fireclay	
Switch Room	e. p.	Q. T.	S/SEAC		
Heating and Fuel Store	bwk	Q. T.	Fireproof		

Any firm recommendations made regarding the functional requirements and probable running costs of the electrical engineering services depend largely upon the extent of occupation and the hours per week the building is in use. It is however apparent from the existing needs of an expanding population and the forward thinking suggested by other studies that the future use of these buildings will be greater than obtains at the present time and generally recommendations are based on this assumption.

General

Whilst the functional requirements of a Primary Centre, offering less speciality, are akin to those of a more complex Secondary Centre, it is considered that there may be demand upon occasion for attachment facilities which can be shared by the smaller Centres and for which electrical and other services should be allowed, so that mobile Dental Units, X-ray diagnostic Units and like equipment can be readily connected with provision made for hard standing, external lighting etc.

There is no reason why the general development of electrical engineering services, with the exception of heating which is dealt with separately, for all anticipated sizes of project should not follow a similar pattern which would have obvious economic and planning advantages.

The design level of illumination for present Clinics is based generally on the recommended levels given by the Local Authority Building Notes, but with anticipated greater use of the buildings, with increased patient activity during the evenings, it is felt that the future design should incorporate means of easily increasing the level of lighting, to suit modern trends and future requirements.

With shared and multi-purpose use of rooms the design should incorporate means of varying the level of lighting to suit different uses and cater for the highest functional level required.

Lighting

As it is likely that a S. E. A. C. system will be selected for the construction of the buildings, an answer to the basic electrical problems

- Cleanliness
- Absence of glare
- High functional intensities (capable of being varied)
- Suitability for partition re-arrangement -

lies in the provision of a suspended illuminated ceiling, making full use of the roof zone normally associated with the system type of building under consideration.

Such lighting could be provided from a series of close-coupled, low cost batten fluorescent fittings mounted within the roof space and running the full width of the building. The metal spine of the fittings also accommodating the wiring and the whole of the fittings being fed from a common metal trunking installed in the centre of the roof zone at right-angles to the fittings, switching being carried out to suit individual requirements, providing selected levels of illumination in respective areas to match the functional activities of that area at any given time.

All fluorescent lamps to be colour corrected and of the mirror reflector type for maximum efficiency.

While the immediate reaction to an illuminated ceiling is one concerned with high cost, it is considered that with an assured programme and an increase in the use of illuminated ceilings, the cost by negotiation could be reduced and this, together with the simplification of the lighting installation generally, should resolve some of the financial problems involved.

(The cost of a similar ceiling fitted recently worked out at 6/2d per foot super plus the cost of the fluorescent lamps etc. required. Against this must be balanced the reduction in building costs which for the Mark II Steel ceiling works out at about 30/- per yard super)

Power

With the ceiling space reserved for the lighting installation with dropping conduits or cables to switches kept to a minimum, all power supplies could be carried out in the 2½" deep floor screed or the sub-floor and routed in skirting or floor trunking with inter-connecting trunking for outlets at intermediate positions, the latter also incorporating separate divisions for telephone cable systems and other facilities.

Heating

With the anticipated increase in use of the premises and with the experience of results obtained from experimental installations in other projects, it is considered that the smaller Centre could be heated economically by an off-peak electrically operated under-floor system with supplementary built-in panel heaters for topping-up. The advantages would be

- System would be semi-automatic and would be flexible enough to suit varying conditions
- Reduction in building costs in the absence of chimney or boiler house
- Reduction in capital cost over other heating media.

The larger Centre is likely to be much more complex in type and it is thought that premises with this scale of provision would best be heated by a conventional boiler plant with a radiator system.

Heat Curtain

To avoid undue heat loss at the entrance and to provide a less apparent change from external to internal conditions an infra-red flush-mounted unit installed in the ceiling zone would provide an improved environmental facility.

Hot Water Service

Where local electric water-heating is required, a service can be provided to small groups of fittings on normal tariff. For bulk off-peak service, see note under Mechanical Engineering Services.

Telephones

For the smaller Centre, the modern 'Keymaster' (2 + 10) type of system would meet at reasonable cost all anticipated demand with adequate external and internal facilities. The larger more complex Centre would require a switchboard and conventional extensions with possibly a duplex switchboard having separate G. P. and reception facilities.

Radio Telephones

With the decrease in cost of these aids and ease of operation, their inclusion should be considered as part of the normal modern equipment for a building of this type. It is felt that equipment such as the 'Cambridge' system with an operating range of about 20 miles should suffice for the smaller Centre, offering as well an added inducement for G. P. integration.

The requirement for the Secondary Centre may be for a similar type with an increased range and should include facilities for "netting-in" with the radio networks of the smaller Centres.

This system would involve applications to the P. M. G. for a licence or, alternative, an extension to the existing Ambulance radio system might be considered.

Heating installation and running costs - comparative exercise:

For the purposes of making a heating comparison, costs have been assessed for a typical centre envisaged in the manual.

Medical Centre - Floor area 6,000 ft. super

Capital cost of off-peak heating installation

electrically operated	£2,000
-----------------------	--------

Running cost over a season of 33 weeks,

5-day week, 12/hours/day	£400
--------------------------	------

(See comparative exercise under Mechanical Engineering Services)

General

Recommendations for Mechanical Engineering Services are based on the assumption that the structure will be carried out in a S. E. A. C. system of construction, generally single storey, with the possibility of two storey structures for the larger Centres serving higher densities of population. Whilst fully demountable partitions may prove an unwarranted and impractical proposition, the concept that partition walls be considered readily demolishable presents a premise of flexibility governing the recommendations for the various service systems under consideration.

All services to toilet areas will essentially be permanent, however, the positions of other sanitary fittings though tied to drainage points should not be considered inflexible and likewise the services supplying them.

Thus it is considered feasible to route the main services around the perimeter of the building externally - clear of internal impedimenta - concealed in a completely accessible duct with spurs off internally to serve salient points.

An alternative location, with reservation, is the roof zone with good depth of space for accommodating the various services required. The routing of services in the roof zone, however, may preclude certain forms of lighting (e.g. illuminated ceilings), place limitations on easy access to pipework, and necessitate droppers and risers which may in certain instances be difficult to conceal.

Several methods have been excluded. Hot air distribution by means of ducting from a central source - due to operating fan noise and transmission of noise through trunking and the undesirable aspect of air recirculation in medical premises. The conventional method of pipe and radiator distribution may not be suitable if flexibility of layout is required with demountable partition walls. Preferential consideration is given to floor heating which may either be supplied from a central boiler plant also providing the hot water supply, or by way of electrical under-floor heating - (see comparative costings).

Hot Water Service

Whilst a central source of hot water supply would best be met by an independent boiler and indirect cylinder unit - either gas or oil fired - catering for the fluctuating type of demand envisaged, for the smaller Centre, where off-peak electric heating is being used for space warming, consideration might be given to off-peak electric bulk storage as the central source of hot water supply, the topping-up facility being provided by a normal tariff element. (It must be noted that this system can only be satisfactory where the total demand is known and planned for at the design stage. Expansion can only satisfactorily be met by an additional storage unit designed in turn to provide for the expanded service).

Cold Water Service

This could take the form of a perimeter ring main for distribution with a down service feed assuming high level tank storage. The storage capacity to be in accordance with that demanded in Building Note No. 3, requiring a 24 hour supply, unless the Centre is situated in one of the areas where water is extremely scarce (i.e. N.E. Essex), storage being increased by at least 50%.

Mains cold water serving drinking water points would follow a similar pattern to the down service and be required in every consulting and treatments area in addition to points normally served.

Ring circuits will allow for future alterations with the minimum inconvenience and the maximum flexibility.

Gas

This service depends upon gas being readily available on the site, distribution to the points to be served following the main runs of the other services.

Areas where mains gas is not available and where the use of gas is essential (e.g. Dental Surgery and Laboratory) can be served by means of 'Calor' or other form of bottled gas.

Ventilation

A certain amount of extract ventilation is required, depending upon individual requirement (see Schedule of Environmental Standards) and overall plan produced.

Incineration

This can be provided by an electric or gas-fired incinerator in the smaller Centres - not necessarily required in the larger Centres with centralised boiler plants. It is recommended for waste disposal collection that room units of the Southall/Permapure electrically sealed plastic containers be fitted in the appropriate rooms. These can be collected daily for incineration.

Fire Fighting Requirements

These must be in accordance with the Chief Fire Officer's recommendations, made upon review of the needs of each project, fire hydrants and hose reels only being fitted if specially requested.

Heating installation and running costs - comparative exercise:

Running costs for a Centre of approximately 6,000 sq. ft. provided with gas-fired L. P. H. W. under-floor heating from a central plant - (The Capital Cost figure does not include for the provision of the builders work involved - chimney, boiler house and meter housing).

Floor area 6,000 ft. super

Heated to Building Note No. 3 requirements.

Capital Cost: - L. P. H. W. gas-fired heating system
and part cost of boiler plant £3,100 approx.

Running Cost: - N. B. Presumed two part tariff based
on 12 hours' use per day, 5 days
per week and 33 week heating
season £310 approx.
per annum.

A		3" metal studs - 16" o.c. metal lath $\frac{1}{2}$ " plaster both sides 4" overall thickness
B		Two panels $\frac{3}{4}$ " studs expanded metal lath plaster both sides overall thickness 4 $\frac{1}{2}$ "
C		3" x 12" x 30" Gypsum Tile - $\frac{1}{2}$ " gypsum plaster both sides.
D		3" x 12" studs 16" o.c. $\frac{1}{2}$ " Fibreboard Joints filled, both sides
E		4 $\frac{1}{4}$ " Brick with $\frac{1}{2}$ " plaster on both faces.
F		8 $\frac{3}{4}$ " Brick with $\frac{1}{2}$ " plaster on both faces.
G		3" x 12" x 12" - 3" cell Clay Tile with $\frac{1}{2}$ " plaster on both faces - 4" overall thickness
H		1 M SEAC British Plasterboard partition 2" metal studs at 2' 0" centres. $\frac{3}{8}$ " + $\frac{1}{2}$ " plasterboard sheets, fixed each side 4" overall thickness.
I		2 M SEAC British Plasterboard partition 2 skins (discontinuous) of $\frac{3}{8}$ " + $\frac{1}{2}$ " plasterboard fixed to 2" metal studs at 2' 0" centres 8" o/a. • with 1" fibreglass suspended mat in cavity transmission loss increased by 3dB

Panel. Type.	Frequency Range – Transmission loss			
	250 cps	500 cps	1000 cps	2000 cps
A	28	35	40	43
B	43	51	50	62
C	36	36	42	47
D	29	24	36	48
E	46	—	49	58
F	48	48	56	56
G	41	36	43	51
H	Transmission loss quoted as 43dB for 1000 – 3000 cps frequency range			
I	Transmission loss quoted as 43 dB for 1000 – 3000 cps frequency range Transmission loss increased by 3dB when 1" fibreglass quilt suspended in cavity.			

Guide to Environmental Standards for Principal Rooms

1. ENTRANCE LOBBY

Ventilation	Natural - 3 air changes/hr. Avoid draughts.
Lighting	15-20 lumens/sq. ft.
Heating	55° F - 60° F.

2. RECEPTION AND RECORDS

Ventilation	Natural - 3 air changes/hr. supplemented by mechanical extract where plan dictates.
Lighting	15-20 lumens/sq. ft. 20 lumens/sq. ft. to working surfaces.
Heating	65° F.
Acoustics	NCR. 30 - 35.

3. WAITING AREAS

Ventilation	Natural - if possible. 3 air changes/hr. Avoid draughts.
Heating	65° F.
Lighting	15-20 lumens/sq. ft.
Acoustics	NCR. 30-35.

4. CONSULTING ROOMS

Ventilation	Natural - 3 air changes/hr. minimum
Lighting	25 lumens/sq. ft. to working surfaces. 40 lumens/sq. ft. in screened examination area with movable light source.
Heating	68° F - 70° F.
Acoustics	NCR. 30 max. 45 db minimum reduction by partitions and external walls. Absolute privacy must be provided.

5. EXAMINATION ROOMS

Ventilation	Natural - if possible. 3 - 6 air changes/hr. (Where internal 6 air changes/hr minimum)
Lighting	25 lumens/sq. ft. background. 40 lumens/sq. ft. examination light with movable source.
Heating	70 ^o F - 75 ^o F.
Acoustics	NCR. 30 max. 45 db minimum reduction by partitions etc. Privacy paramount importance.

6. MEDICAL TREATMENT ROOM

Ventilation	Natural - if possible. Mechanical if necessary. 6 air changes/hr. Extract over sterilizers.
Lighting	20-25 lumens/sq. ft. 40 lumens/sq. ft. over couch with movable light source.
Heating	70 ^o F - 75 ^o F.
Acoustics	NCR 30.

7. SPECIALIST TREATMENTS ROOM

Ventilation	Natural - if possible. Mechanical if necessary. 6 air changes/hr. Extract over sterilizers.
Lighting	25 lumens/sq. ft. 40 lumens/sq. ft. to specialist's area with movable light source.
Heating	70 ^o F - 75 ^o F.
Acoustics	NCR 30.

8. SPECIALIST DIAGNOSTIC & THERAPY ROOM

Ventilation	Mechanical - 6 air changes/hr. (minimum) with fan noise baffled. Rapid air changes between interviews.
Lighting	25 lumens/sq. ft. Room provided with black-out facility.
Heating	65 ^o F.
Acoustics	NCR 10 preferable NCR 15 max. where designed as an Audiology Unit. Intrusive noise to be reduced to minimum - careful detailing required, all ventilators baffled. Double skin construction recommended. NCR 20 - 25 where designed as a quiet room for Speech Therapy etc.

9. H. V. 's ROOM/DISTRICT OFFICE

Ventilation	Natural - 3 air changes/hr.
Lighting	15-20 lumens/sq. ft. 20 lumens/sq. ft. on working surfaces.
Heating	68° F.
Acoustics	NCR 30.

10. HEALTH EDUCATION AREA

Ventilation	Natural - 3 air changes/hr.
Lighting	15-20 lumens/sq. ft.
Heating	65° F.
Acoustics	NCR 30-35 Good sound reduction required from this space with 45 db reduction a recommended minimum.

11. PLAY THERAPY ROOM

Ventilation	Natural - 3 air changes/hr.
Lighting	20-25 lumens/sq. ft.
Heating	60° F - 65° F.
Acoustics	NCR 45-50.

Summer Ventilation - Consideration should be given to the desirability of mechanical ventilation for Summer use.

12. STAFF ROOM

Ventilation	Natural - 3 air changes/hr.
Lighting	15 lumens/sq. ft.
Heating	68° F.
Acoustics	NCR 30.

13. WELFARE FOOD SALES - STORE

Ventilation	Natural - 3 air changes/hr.
Lighting	15 lumens/sq. ft. on working surfaces.
Heating	65° F for office. 60° F for Store.
Acoustics	NCR 30 - 35.

14. DISPENSARY

Drugs stored in cool store out of direct sunlight

Ventilation	Natural if possible. 3 air changes/hr.
Lighting	Min. 20 lumens/sq. ft. to working surfaces.
Heating	60° F for Store. 65° F for Dispensary.
Acoustics	NCR 30.

15. NURSING LOAN EQUIPMENT STORE

Ventilation	Natural - 3 air changes/hr. but supplemented by mechanical extract if a steam sterilizer is used to give 10 air changes/hr.
Lighting	20 lumens/sq. ft. on working surfaces.
Heating	60° F - 65° F.
Acoustics	NCR 30.

16. DENTAL SURGERIES

Ventilation	Natural - 3 air changes/hr but for anaesthetic sessions mechanical ventilation may be required at 10 changes/hr. Extract over sterilizers.
Lighting	25 lumens/sq. ft. on working surfaces. High intensity light 60 lumens/sq. ft to Dental Chair.
Heating	68° F - 70° F.
Acoustics	NCR 30 important to prevent sound transference from this room - where possible, lobbies to reduce noise by 45 db.

17. DENTAL RECOVERY ROOM

Ventilation	Natural - 3 air changes/hr.
Lighting	15-20 lumens/sq. ft.
Heating	68° F - 70° F.
Acoustics	NCR 30 max. Preferably lower level of accepted intrusive noise here.

18. DENTAL LABORATORY/DARK ROOM

Ventilation	Mechanical - 6 air changes/hr.
Lighting	15 lumens/sq. ft. general. Dark Room lamp fitted 30" above worktop. Room provided with black-out facility.
Heating	65° F.
Acoustics	NCR 30 - 35

NCR = Noise criterion rating - recommended design
criteria given relative to NC curves.

For noises with spectra identical to those of the NC curves,
the following values are approximate db equivalents.

NC	db
20 -	32
30 -	40
40 -	49
50 -	58

Formula for G. P. Suite Calculation	1
Sample of Clinics (7 - 10,000 population) built since 1964	2
Programme of Health Buildings reviewed Autumn 1966	3

* Formula for G. P. suite requirements based on head of population at risk.

1. Establish population at risk = 100,000 (say)
2. Average contact rate - patient/annum = 6.0 visits (say)
3. Proportion of (2) that take place in surgery = 4.0 visits (say)

** ∴ Annual demand on building = 400,000 contacts max.
 ∴ Weekly demand ÷ 50 say) = 8,000 contacts max.

4. Time taken for each consultation = 6.0 mins (say)
5. Max. length of session per G. P. = 2.0 hrs.
 ∴ 2 hour session copes with 20 contacts
6. Each room can work for an 8 hr. day
 ∴ 1 consulting suite copes with 160 contacts (suite = 1 no. consulting room
 1 no. examination room)
7. Daily demand = $\frac{8000}{5} = 1,600$
 ∴ No. of consulting suites = 10 minimum
8. Area allowance per requirement unit (consulting suite including apportionment of waiting, admin. etc.)
 = 400 - 500 f.s. (say)
 ∴ 4,000 - 5,000 f.s. is G. P. requirement for population of 100,000

* Formula provided by Brian Brookes, Research Architect,
 The General Practice Advisory Service.

** This assumption anticipates the integrating of G. P. services into one central complex designed to serve a large population de novo (e.g. a new town). Where the needs of an existing and expanding community are to be assessed the G. P. force would be accounted for, the balance together with G. P. s wishing to re-locate - forming the general practice nucleus required to establish a new Centre

Sample of Clinics serving 7 - 10, 000 built since 1964

Location	System	Description	Sq. ft.	Cost £/sq. ft.	Erection time /months	Operational date
1. Moulsham Lodge, Chelmsford	Trad.	Basic Clinic + Dental suite	3,645	5.75	15	'64
2. Springfield Dukes, Chelmsford	Trad.	Basic Clinic + Dental suite	3,699	6.43	17	'65
Basic Plan Change						
3. Hullbridge	Trad.	Basic Clinic + Flat	3,748	6.75	15	late '66
* 4. Tilbury	Brick S.E.A.C.	Basic Clinic + Dental Suite	4,313	7.23	11	'67
5. Tiptree	Trad.	Basic Clinic + Dental Suite	4,216	6.04	(12 ?)	under erection
6. Stanford-le-Hope	Trad.	Basic Clinic + Dental Suite + Flat	5,297	6.02	(12 ?)	under erection

* This plan is a direct translation of the prevailing clinic plan on to a S.E.A.C. grid. Whilst a saving in erection time is achieved, cost/sq. ft. is substantially increased, indicating the need to exploit the integrity of the System as a parameter against which planning thought must be matched.

Legend

	<u>General Medical Services</u>
1	GPs interested in hiring accommodation
2	GPs interest not yet known
3	Health Centre requested
	<u>Clinic Sessions & Services</u>
X	Service suggested by A. M. O. or delegatee M. O. H.
O	as at present provided in premises to be replaced, may be varied in respect of new premises
-	speculative only at present
D	Responsibility of Delegatee Authority

Programme of Health buildings as reviewed Autumn 1966
currently under Annual Review.

	Facility	Service	Health Provision	Yr.	6 7 / 6 8					6 8 / 6 9							6 9 / 7 0					7 0 / 7 1					7 1 / 7 2											
				Location	Population in thousands	Tiptree	Waltham Abbey	Brentwood	Corringham		Colchester Greenstead	Laindon	Great Baddow	Vange	Grays Crammavill St.	Stansted	Stanway		Chadwell St. Mary	Walton-on-the Naze	Chigwell	Rayleigh	Witham		Chelmsford (Central)	Billericay	Grays (Central)	Canvey Island	Saffron Walden		Wivenhoe	Brightlingsea	Colchester (Mile End)	Purfleet	South Ockendon			
Executive Council			General Medical Services	Consultation Examination and Treatment		1	2	2	2		2	3	2	3	2	2	2		1	2	2	2	3		2	2	2	2	2		2	2	2	2	2			
			Pharmacy	Drugs and Appliances																																		
			General Dental Services																																			
				Supplementary Ophthalmic																																		
Local Health Authority	Health Centre Facility	Clinic Facility		Family Planning																																		
				Child Welfare : Well-baby clinic		X	X	X	X		X	O	X	X	X	X	X	X	X		X	X	X	X	O		O	X	X	X	X	O		X	X	O	O	X
				Toddlers' clinic		X	X	X	X		X	O	X	X	X	X	X	X	X		X	X	X	X	O		O	X	X	X	X	O		X	X	O	O	X
				Vaccination and Immunisation				X	X		X		X		X	X		X	X		X		X	X	-			X	X				X	X	O	O	X	
				Ante/Post Natal Exams.			X	X	X					X	X	X	X		X	X		X		X	X		O	X	X	X	X	O			X	O	O	X
				Women's Welfare Sessions			X										X						X				O		X			O						
				Relaxation Classes		X	X	X	X		X	O	X				X	X		X	X	X		X	O		O	X	X	X	X	O		X	X			
				Dental Inspection and Treatment		X	X	X	X		X	O	X		X	X	X		X	X	X	X	X	O		O	X	X					X	X	O	O	X	
				Chiropody Treatment		X	X	X	X		X		X		X	X	X		X	X	X	X	X					X	X	X			X	X				
				Treatment of Minor Ailments		X		X	X		X	O	X	X	X	X	X		X	X	X	X		X	O		O	X		X			X	X	O	O	X	
				Speech Therapy		X	X	X			X	O	X		X	X		X	X		X	X	X	X	-				X	X	O		X	X				
				Cytology																			X									O						
				Play Therapy/Child Development		X	X			X		X													-			X		X			X	X				
				Geriatric Sessions																											X							
				Welfare Foods		X	X	X	X		X		X	X	X	X	X	X	X		X	X	X	X	O		O	X	X	X	X	O		X	X	O	O	X
				Nursing Equipment Loan		X	X	X	X		X		X	X	X	X	X	X	X		X	X	X	X	O		O	X	X	X	X	O		X	X	O	O	X
				Health Education		X	X	X	X		X		X	X	X	X	X	X	X		X	X	X	X	O		O	X	X	X	X	O		X	X	O	O	X
				Audiometry/ Audiology		X					X				X	X		X	X		X	X			-		O											
				Mothers Club/Mothercraft		X					X			X		X		X	X		X	X		X	-				X	X			X	X				
			Specialists Services																																			
				Orthoptic Treatment																								X										
				Physiotherapy																																		
				Orthopaedic Exams.																																		
				Opthalmic Exams.				X			O	X																X										
				Paediatric Sessions																																		
				Ear, nose and throat sessions																																		
Regional Hospital Board			Diagnostic Facility																																			
			Mobile Units																																			
			Mass Radiography																																			
		Ambulance																																				
										D	D		D													D							D					

ACKNOWLEDGMENTS

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BIBLIOGRAPHY

- Health and Welfare Services in Britain in 1975
Deborah Paige and Kit Jones
National Institute of Economic & Social Research.
Cambridge University Press 1966
- Health Centres and Group Practices for the
British Medical Journal.
B. M. A. 1966
- The Essex County Health Handbook
'The Health Services in the County of Essex'
Health Committee E. C. C.
- Centres for the Health Service in Harlow
- Preliminary Briefing Guide for Health Centre Buildings
R. C. Gilchrist and
Raymond Moss, Director,
Medical Architecture Research Unit
College of Technology
Southend-on-Sea.
- Local Health Authority Clinics
Local Authority Building Note No. 3
Ministry of Health
H. M. S. O. July 1962
- Local Authority Building Note No. 1
Appendix F.
Revision of cost allowances.
Ministry of Health
H. M. S. O. Jan. 1965
- Development of Local Health Services for the period
ending 31 March 1972
Health Dept. ,
E. C. C. Oct. 1962
- G. P. Surgery Spaces, Fixtures and Equipment
Briefing Guide Data : General)
Data : Specialist)
A. J. 17. 8. 66
A. J. 24. 8. 66
- Medical Practice and Procedures
General Practice
A. J. 21. 9. 66
- Dental Practice Surgery Spaces
Briefing Guide Data : General
A. J. 31. 8. 66
- Guide to Dental Practice
Scope of Projects
A. J. 14. 9. 66
- Space Requirements
A. J. 28. 9. 66
- Dental Mechanics' Laboratories
A. J. 28. 9. 66
- Gooseacre Health Centre, Welwyn Garden
City, Herts.
(County Architect)
A. J. 2. 2. 56

Blackbird Leys Health Centre, Oxford (City Architect).	Builder 10.11.61
Central Clinic, Dudley. (Borough Architect)	A. J. 20.3.63.
Central Clinic, Poole. (Farmer & Darke)	A. J. 20.11.63.
Clinic, Acton, Middlesex C. C. (Douglas Stephen & Partners)	A. & B. N. 23.6.65.
Surgery, London, S.W.4. Darbourne & Darke)	A. & B. N. 20.4.66.
Hythe Medical Centre, Hants. County Medical Officer's Handout July '66 including plan.	
Woolwich-Erith Project. Feasibility study for first Health Centre.	B. M. J. 3.12.66.
Health Service Buildings * other than Hospitals Dr. Stephen Taylor * appraisals as listed below -	A. A. Journal Sept. -Oct. 1956
Woodberry Down Health Centre First to be planned by L. C. C.	
Harlow, Haygarth House (Fry, Drew & Partners)	
Bristol City Council, William Budd Health Centre	
Darbishire House Teaching Health Centre, Manchester, integrated with Manchester Medical School	
Corby Health Centre	
Hesters Way Health Centre Gloucestershire C. C.	
Harold Hill Health Centre, E. C. C.	
Harlow, Nuffield House Health Centre	
Harlow, Sydenham House Health Centre	
Harlow, Osler House Health Centre	
Planning a Town's Health Service Medical Architecture Research Project	Building 16.12.66.

Abstract: Professor Wofinden on Health Centres

The Medical Officer
6. 1. 67

Abstract: 'How Health Centres improve patient care'
Sister A. E. Balsdon, St. George Health Centre,
Bristol.

Medical World
Newsletter 18. 10. 66.

Abstract: 'Design of Health Centres' -
Raymond Moss

Medical World
Newsletter 1. 11. 66.

Abstract: 'Taking up a challenge' -
Dr. Robert Smith G. P. Research Unit, Guy's Hospital -
Health Centre Conference

Medical World
Newsletter 15. 11. 66.

Health Centres, Nottinghamshire County Council

Integrated Health Services,
David Ottewill/Robert Fawcett

Environmental Studies in L. A. Health & Welfare
Centres - David Ottewill

Design Guide for Medical Group Practice Centres -
sponsored by College of General Practitioners

Published by the
National Building
Agency

Ministry of Health draft Guide Note on Health Centre
Standards

(Not yet officially
published)

Appraisal - Branch Health Clinic at Thornhill,
Southampton, for the City Council.

Building 14. 4. 67.

Assessment - Orsett Out-patients Department,
Work Study Unit, North East Metropolitan Regional
Hospital Board.

Hythe Medical Centre, Hants.

Osler House Centre, Harlow, Essex.

Aveley Health Centre, Essex.

Poole Central Clinic (Class A)
Class B and C Clinics, Dorset.

Marlowes Health Centre, Hemel Hempstead, Herts.

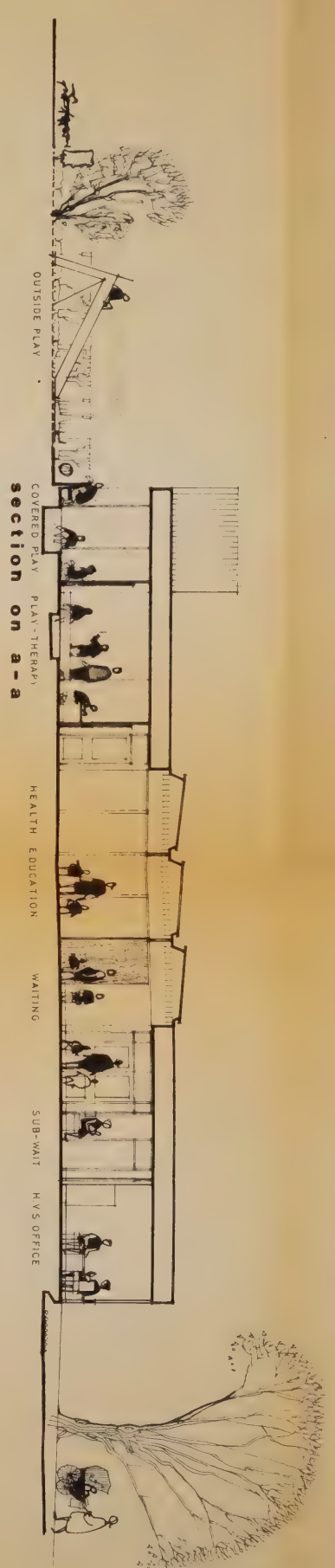
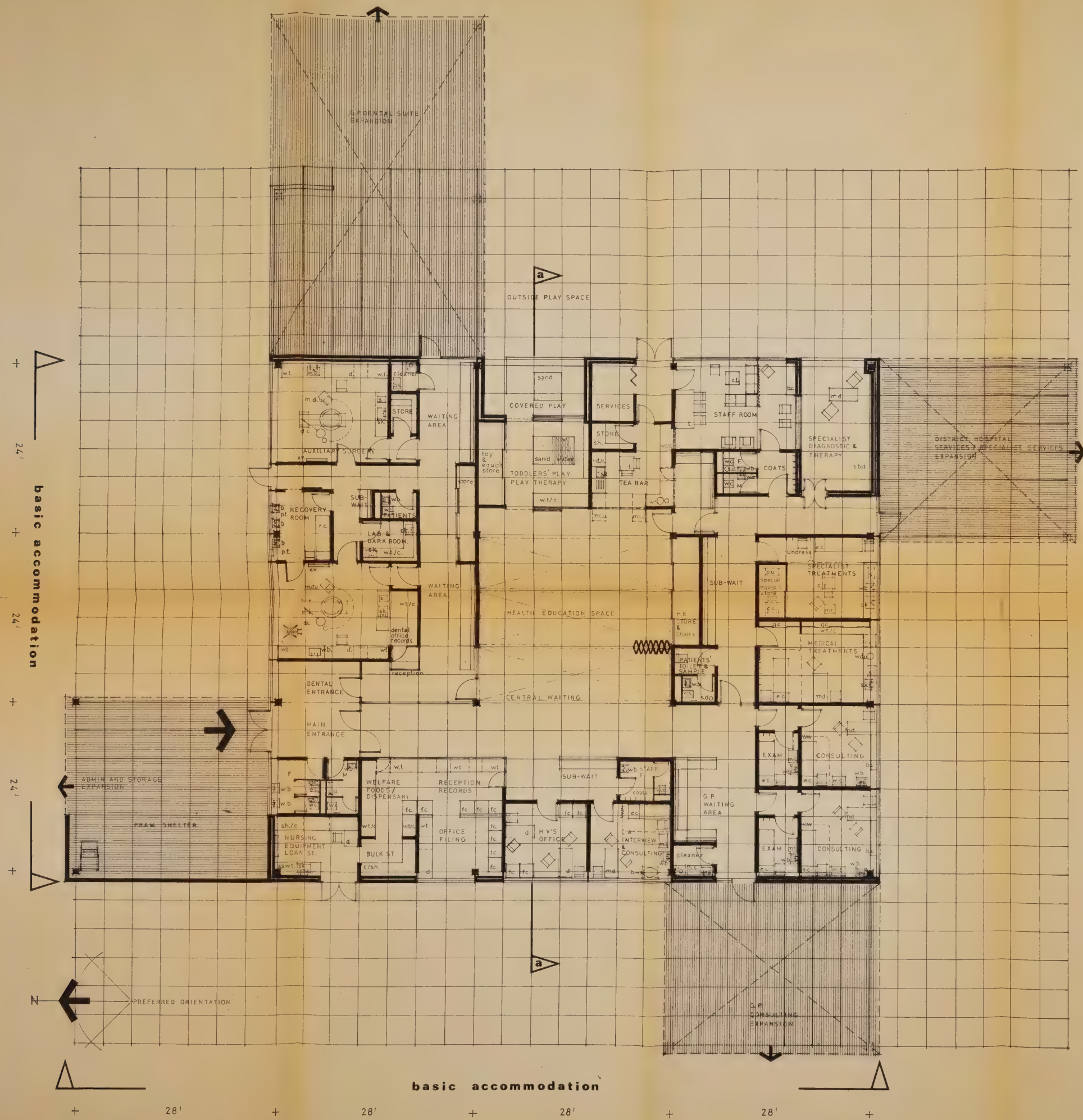
Colchester Area Health Office and Borough Clinic,
East Court Lodge,
High Street, Colchester.
(Inspection of Audiology Unit)

Out-Patients' Dept., Orsett Hospital, Essex.

Clinic activity studies at

- (1) Moulsham Lodge Clinic, Chelmsford.
- (2) Springfield Clinic, Chelmsford.
- (3) Hullbridge Clinic.
- (4) Hockley Clinic) (Play Therapy Sessions)
- (5) Great Wakering)





notes

LEGEND

b. running basin.
 b.c. book case.
 b.s. bucket sink.
 b.w.s. baby weighing scales.
 c. cupboard.
 c.c. chromopony chair.
 c/sh. cupboard/shelving.
 c.t. coffee table.
 d. dining table.
 d.c. dental chair.
 e.c. examination couch.
 f.c. filing cabinet.
 g.c. glass fronted cupboards.
 i. instrument.
 m.c.u. mobile cupboard unit.
 m.d. medical desk.
 m.d.u. mobile dental unit.
 m.t. medical trolley.
 o.u. otology unit.
 p.t. paper towel cabinet.
 r. refrigerator.
 r.c. recovery couch.
 r.v. vacuum refrigerator.
 s. storage.
 s.b.d. scrubbing board/dish.
 s.d. sanitary disposal.
 sh. shelving.
 sk. sink.
 s.s.w.t. stainless steel work-top.
 t. table.
 u. wardrobe.
 w.b. wash basin.
 w.c. water closet.
 w.d.u. waste disposal unit.
 w.t. work-top.
 w.t/c. work-top/cupboards under.
 x.v. x-ray viewer.

revisions

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COUNTY ARCHITECT
COUNTY COUNCIL OF ESSEX
COUNTY HALL CHELMSFORD

date 7/67

description

scales one inch represents eight feet.

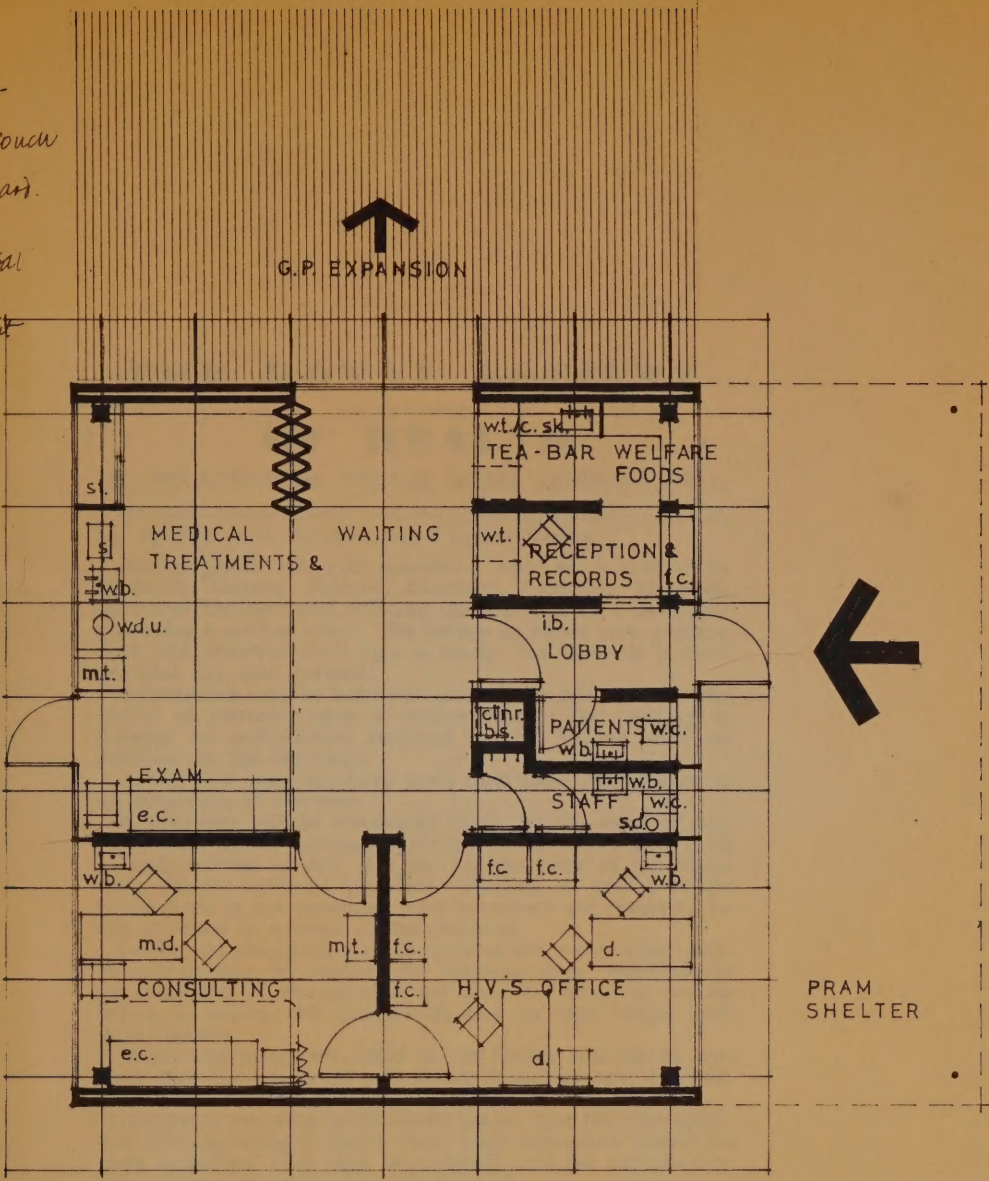
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job & drawing numbers

MEDICAL CENTRE
 BASIC HEALTH CENTRE PROVISION FOR A POPULATION OF 12,000
 suggested assembly of basic health service accommodation
 NB. scale of G.P. consulting accommodation will depend on local need. 2 no. consulting suites are provided as accommodation common to the Centre.

LEGEND

- b.s. bucket sink
- clnr. cleaners closet
- d. writing desk
- e.c. examination couch
- f.c. filing cabinet
- i.b. information board
- m.d. medical desk
- m.t. medical trolley
- s.d. sanitary disposal
- s.k. sink
- w.b. waste basin
- w.d.u. waste disposal unit
- w.t. work top
- w.t/c work top with cupboards under



MINI-CENTRE FOR RURAL AREAS

BASIC HEALTH SERVICE PROVISION FOR A POPULATION NOT MORE THAN 5,000

8FT. one inch represents eight feet.

THE ROYAL SOCIETY

FOR THE PROMOTION

OF HEALTH

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Any borrower failing to comply with a request for the return of a publication shall be considered liable for the cost of replacing it, and the Council may, after giving due notice to him, order it to be replaced at his expense.

No publication may be reissued to the same borrower until at least seven days have elapsed after its return, neither may it be transferred by one borrower to another.

Publications may not be taken or sent out of the United Kingdom.

Publications returned through the post must be securely packed and adequately protected.

The library may be used for reference by members during the office hours of the Society.

Publications borrowed through the post must be acknowledged on the form provided, immediately upon receipt, and returned when due to the Librarian at the above address.

December, 1970.

O.B., Truro.

